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ABSTRACT

The Teenage Health Teaching Modules (THTM) program is a health education curriculum for adolescents. Each THTM module frames an adolescent health task emphasizing development of self-assessment, communication, decision making, health advocacy, and self-management. This guide, for trainers conducting workshops to train teachers and other health professionals who will be implementing THTM programs, is organized into four parts. The first part answers basic questions about the THTM program: what it is, what it includes, who supports it, how it can be purchased. The second part suggests how to prepare for the workshop, who to invite, and where to meet. The substance of the training session is then provided and activities of a two-day agenda are spelled out in detail. Suggestions are included for expanding the workshop beyond two days or abbreviating the agenda, and for following up on the training session. Opportunities for informing/involving parents and community members are also suggested. It is suggested that this training guide be used in conjunction with "Health is Basic: An Introduction to the THTM Program for Teachers and Students." (JD)

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PRELIMINARY DRAFT: ADMINISTRATIVE REVIEW COPY

Teenage Health Teaching Modules

A Guide For Trainers

AUGUST 1983

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Funded by Division of Health Education, Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, Department of Health and Human Services under contract #200-79-0922.

This is one component in the Teenage Health Teaching Modules (THTM) program, a health education curriculum for adolescents developed by Education Development Center, Inc. (EDC) and funded by the Division of Health Education, Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, U. S. Department of Health and Human Services.

The overall goal of the THTM program is to provide secondary school students with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in health-enhancing ways. Each THTM module frames an adolescent health task and is designed to help students contribute to their own present and future health and well-being, and that of the families, schools, and communities to which they belong.

The THTM program emphasizes development of the following health skills: self-assessment, communication, decision making, health advocacy, and self-management. For a complete description of the THTM program, additional materials, or assistance in using these materials, please write or call Teenage Health Teaching Modules, Education Development Center, Inc., 55 Chapel Street, Newton, MA 02160, (617) 969-7100. Official health and education agenices may also contact the Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, Department of Health and Human Services, Atlanta, GA 30333, (404) 329-2829 or FTS 236-2829.

Teenage Health Teaching Modules:

Health Is Basic: An Introduction to the THTM Program for Teachers and Students

Understanding Growth and Development

Being Fit

Eating Well

Communicating in Families

Promoting Health in Families

Having Friends

Living with Feelings

Handling Stress

Protecting Oneself and Others: Smoking, Drinking, and Drugs

Preventing Injuries

Improving Health and Safety in the Workplace

Locating Health Resources

Using New Health Research

Acting to Create a Healthy Environment

Planning a Healthy Future

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WELCOME!

Welcome to the Teenage Health Teaching Modules Program! We appreciate the commitment you are demonstrating both to comprehensive health education and to supportive teacher training by your decision to use these materials and to organize and lead a training workshop. We want to support you by giving you as much information and guidance as we can so that you can comfortably and effectively help others to understand and implement the THTM program.

We wish you success and thank you for the contribution you are making.

Introduction

THTM Training

This guide will enable you to conduct a workshop to train teachers and other health professionals who will be implementing the Teenage Health Teaching Modules program. The THTM program consists of a number of different components. Together, the modules, the program framework, and the overall conceptual orientation of the program offer a comprehensive approach to secondary school health education. The purpose of the training is to:

- Orient workshop participants to the goals and conceptual framework of the program.
- Introduce health educators to the modules.
- Generate enthusiasm for the modules and the program as a whole.
- Give program users enough information to implement the modules comfortably and effectively.

Training Materials

This Guide will give you the information and guidance you need to be comfortable and effective in helping others understand and implement the program. Although it can be used alone, it is most effective when used in conjunction with Health Is Basic: An Introduction to the THTM Program for Teachers and Students.

The guide is organized into four parts. The first part answers basic questions about the Teenage Health Teaching Modules program: what it is, what it includes, who supported it, how it can be purchased. The second part suggests how to prepare for the workshop, who to invite, where to meet. The substance of the training session is provided in a third part, where the activities of a two-day agenda are spelled out in detail. Suggestions are included for expanding the workshop beyond two days or abbreviating the agenda, and for following up on the training session. Opportunities for informing/involving parents and community members are also suggested.

Health Is Basic provides complementary details on the substance of the program. Specifically, it contains the THTM program framework and overall conceptual orientation, the goals of the program and its philosophy, an overview of module content and teaching strategies, and introductory activities for students.

Used together this Guide and Health Is Basic will help you plan and conduct an effective workshop for potential module users as well as for other health professionals who will benefit from a better understanding of the Teenage Health Teaching Modules program.

Note to Trainers: Pages Designed for Duplication

Throughout the Guide, look for pages with dark borders. These borders identify pages that can be duplicated and distributed to participants. On page 27, for example, the sheet entitled "THTM Program Goals" and enclosed by a dark border can be duplicated and given to the participants in your workshop. Once you have decided which materials you want to use, you may want to compile them into a packet to be given to each participant when the workshop begins. Or, you may prefer to hand out materials as they are used in the training.

Questions and Answers About the THTM Program

What is the Teenage Health Teaching Modules Program?

The Teenage Health Teaching Modules (THTM) program is a comprehensive health education curriculum for junior and senior high school students. It is designed to provide adolescents with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in ways that are health-enhancing, with respect both to their immediate health needs and to the long-term consequences of behaviors they initiate during their adolescent years.

What is included in the program materials?

The program is made up of 16 modules.* Each module consists of a teacher guide that provides a detailed framework for conducting classroom activities, with pages designed to be duplicated for student use. Some modules include additional student materials, such as information sheets, posters, educational games, or student booklets. Each module provides from four to fifteen hours of instruction. Some are suitable for any grade from 7 to 12; others are recommended for either junior or senior high. The 16 modules include:

Health Is Basic: An Introduction to the Teenage Health Teaching Modules Program for Teachers and Students

Understanding Growth and Development

*In addition to the modules developed for students, three modules are designed for use by teachers, administrators, parents, and interested community members. One of these modules is this Guide for Trainers. When the program is completed, there will also be a module called Promoting Health in the School Environment, which will suggest ways that school administrators can improve the atmosphere of their schools with respect to health and safety, and a module focusing on the key adolescent health task of understanding sexuality. This module, entitled Sex Education: Deciding What's Right for Your Community will help educators and parents decide what approaches and materials on sexuality are appropriate for their community.

Being Fit

Eating Well

Communicating in Families

Promoting Health in Families

Having Friends

Living with Feelings

Handling Stress

Protecting Oneself and Others: Smoking, Drinking, and Drugs

Preventing Injuries

Improving Health and Safety in the Workplace

Locating Health Resources

Using New Health Research

Acting to Create a Healthy Environment

Planning a Healthy Future

Used as a whole, the modules constitute an introductory survey course on health. Used independently, they can supplement materials already in use. There is no prescribed sequence or required number of modules, so teachers can, if they choose, introduce one module one year and others later on. Activities are designed to be implemented by teachers from a variety of subject areas; health, home economics, social studies, science, language arts, and physical education teachers are frequent users.

Who sponsored the development of THTM and who developed the program?

Primary support for THTM was provided by the Center for Health Promotion and Education of the Centers for Disease Control (CDC) in Atlanta, Georgia. Special recognition goes to THTM's Co-Project Officers: Roy Davis, Director, School Programs and Special Projects, and Beth Layson, Public Health Analyst. Mr. Davis and Ms. Layson anticipated the need for a comprehensive and well-integrated approach to adolescent health education. Without their support the program would not have become a reality. As of February 1983, additional funds for THTM were made available by the National Heart, Lung, and Blood Institute of the National Institutes of Health, to the Centers for Disease Control through a cooperative agreement; and by the American Heart Association, Aetna Insurance Company, and Midland Insurace Company directly to EDC.

The Teenage Health Teaching Modules were developed by Education Development Center in Newton, Massachusetts. EDC is a nonprofit organization founded

in 1958; it has achieved recognition in research, development, evaluation, and dissemination of materials and programs, and services for learners of all ages in a wide range of school and nonschool settings.

Since the THTM program began in 1979, senior EDC staff members with collective experience in curriculum development, adolescent health, teacher training, and program evaluation have worked with voluntary health organizations, government agencies, clinicians, and academic specialists to develop THTM's conceptual framework and modules. Developers of other health education materials, students and field test teachers have all made valuable contributions.

Why was THTM developed?

THTM was developed in response to a pressing need for a comprehensive approach to secondary school health education. Many exemplary health education materials were already in existence at the time the project was initiated. Often, however, they were organized into traditional health content areas, such as smoking, drugs, or nutrition. Usually they were extensive in length, requiring as much as a few weeks or a full semester to implement. As a result, many in-depth programs on various categorical health topics found themselves competing for the small amount of time allotted to health courses. For this reason, it was felt that the project's best contribution would be to provide an organizing framework for the field of adolescent health. THTM materials, therefore, are brief "framing" modules that introduce teachers to a series of critical adolescent health issues. Where possible, the modules have incorporated the best from other programs, and include references to longer, more in-depth programs for teachers who wish to supplement the THTM activities.

By organizing the field in this way, the project hopes to increase access to the many fine programs already in existence around the country, and to make it easier for school systems to adopt and institutionalize comprehensive school health education programs.

To this end THTM has:

- Reviewed both the current research on adolescent development and existing health education materials to identify programs available for inclusion in the modules, and to determine content areas in need of new development.
- Built a national network of individuals, agencies, and institutions active in the field of health education to inform module development and to support the program's eventual dissemination.
- Surveyed the needs of health educators, parents, and teenagers for a health education curriculum.

- Built an in-house resource center containing hundreds of educational materials, curricular packages, and research documents on a range of health topics.
- Conceptualized the health tasks framework as a way of organizing new and existing materials.
- Developed 16 teaching modules.
- Conducted a nationwide field test of a core group of modules.
- Revised the modules on the basis of both formative feedback from module users and technical review from content experts.
- Developed and implemented a training model.
- Established a dissemination and distribution system to make the materials easily available at an affordable price.

What are THTM's notable characteristics?

THTM offers:

- An interdisciplinary, positive approach to health and well being, combining perspectives on adolescent development with physical, social, emotional, and environmental issues related to health promotion.
- Emphasis on developing decision-making skills and taking responsibility for healthy living and positive health choices.
- A means for helping students develop positive self-esteem.
- Short "framing modules" that introduce a concept and can be used as the basis for a more in-depth treatment of a given health topic.
- Maximum flexibility: the modules can be used together as a survey course, or individual modules can be used in various departments, supplementing existing material or being supplemented by others.
- Bibliographies and resource lists that reference other health materials and programs.
- An attractive format that lends itself to updating, insertions, and easy duplication.
- Material at an affordable price.
- Compatibility with many state school health education guidelines.

What types of training are available for the THTM program?

The Teenage Health Teaching program currently offers three kinds of training:

- Training by THTM staff for teachers, administrators, and other health professionals who will be using individual modules or the entire THTM program.
- "Training of trainer" sessions conducted by THTM staff or others trained by them for health professionals and educational administrators who will train others in the use of the program.
- The THTM Guide for Trainers, this self-instructional manual for health educators and educational administrators, intended to help individuals lead workshops without the direct assistance of THTM staff or as a supplement to THTM staff assistance.

Training workshops can be custom designed to meet system requirements and interests. Workshops conducted by EDC staff members are on a fee-for-service basis. Write or call EDC for additional information.

How can the THTM materials be purchased?

THTM program materials can be bought as complete sets or as individual units. The materials were designed specifically to be less expensive than most other community-available health education curricula. Administrator sets, useful for district preview and/or training purposes, contain one copy of each of the 16 modules, along with single copies of accompanying student pieces (posters, study prints, student booklets). Teacher sets, intended for classroom use, include multiple copies (25) of student materials along with each teacher guide. One teacher set can be used by a teacher with multiple classes or shared among teachers.

For pricing information write: Education Development Center, Teenage Health Teaching Modules, 55 Chapel Street, Newton, Massachusetts 02160, or call: 617-969-7100.

Getting Started

Preparing for the Workshop

To prepare for a THTM workshop you will need:

- This guide
- A copy of Health Is Basic: An Introduction to the THTM Program for Teachers and Students
- A copy of each of the other Teenage Health Teaching Modules

To begin, we suggest that you leaf quickly through this Guide to learn a bit about the THTH program and to become familiar with the two-day workshop agenda.

Next, review the introductory module, Health Is Basic, which will familiarize you with the conceptual orientation and basic approach of the program. You and the participants in your workshop will be referring to this module throughout the training.

Then, skim through the modules to see what they include and to get a sense of their format. As you prepare to lead the training, you will be reading a number of the modules in greater depth.

Finally, return to this Guide and read it carefully, noting the steps you will have to take to get the workshop underway and what materials and resources you will need. Use the Preparation Checklist (sample and blank checklist sheet follow) to note the tasks to be accomplished before conducting the workshop and any materials or resources you will need in the course of the sessions. For example, if you choose to review classroom discussion as a teaching strategy, you will need to select a discussion activity from one of the modules as the basis for demonstration. You will also want to note places where you will want special equipment (tape recorders or overhead projectors) and extra help (a second group leader for the two in-depth module review sessions on Day One). Be sure to include an accurate watch or clock in your materials list. The training workshop is tightly scheduled and you will need to keep a close watch of the time to accomplish everything.

Preparing Materials for the Workshop

Be sure that each workshop participant has a copy of Health Is Basic when the workshop begins. Not only will participants be relying on this module for information about the program throughout the workshop, but they will want to have the module as a resource when they return to their schools or other health and educational organizations.

Consider putting Health Is Basic together with other materials in an "Introductory Packet." Packets can be given out by the workshop host as participants arrive or left on a table by the workshop door to be picked up before the workshop begins. In addition to name tags (which we recommend be worn during the entire two-day period), the packet can contain:

- A copy of the workshop agenda
- Key pages from the Guide (pages with dark borders) that you have duplicated for participant use, including the two handouts ("Dealing with Sensitive Issues in the Classroom," pages 60-64, and "Assessing Student Learning in the classroom," pages 67-69, which will be assigned as homework at the end of Day One and used on Day Two as the basis for discussion.
- A map of the surrounding area, including recommended eating places and points of interest.
- Several blank sheets of paper or a pad for taking notes.
- A pen or pencil.
- A list of workshop participants.

Another effective way to share general information is to prepare posters and/or overheads. In particular, consider making posters with

- The module titles, one poster per module matched to the color of the booklet for easy identification.
- The workshop goals.
- The program goals.

Information presented in chart or list form in Health Is Basic can also be effectively reinforced by displaying it on posters or overheads at relevant points in the workshop, such as during the program overview segment of Day One.

An Important Note

If time permits, invite a health education specialist as a keynote speaker to address the critical issue of effecting and evaluating long-term health behavior changes. While gaining knowledge about health, shifting health attitudes, and developing health-promoting skills are all important components of a health education curriculum, disease prevention necessitates the adoption of basic behaviors and healthful habits that will be maintained throughout life. To address this complex and vital area of health education you may want to contact your local health department or a nearby university to locate an expert in the area of health education evaluation who would be willing to make a presentation at the workshop.

SAMPLE
PREPARATION CHECKLIST

✓	Tasks to Accomplish	✓	Materials Needed
	2 administrator sets of the modules		order 2 administrator sets of the modules
	multiple copies of *Health Is Basic*, one for each participant		order 23 copies of *Health Is Basic*
	poster board of various colors magic markers newsprint masking tape name tags watch or clock pocket folders to use for Introductory Packets, one for each participant tape recorder 2, 60- minute audio tapes		make posters, one each of module titles, to be displayed around the workshop room. make posters of program goals, workshop agenda, and workshop objectives xerox program agenda and materials for participant use put together Introductory Packets finalize arrangements for workshop room ask Janet Bailey to participate in training as a group leader on the afternoon of Day One. confirm with Eleanor Bradley that her 7th grade homeec class will provide nutritious snacks. arrange for a film showing as an optional evening activity at the end of Day One.

PREPARATION CHECKLIST

	Tasks to Accomplish		Materials Needed

Making Decisions and Taking Action

Where to Hold the Workshop

Workshops can be held in a variety of locations: school meeting room, central office building, community agency, state department of health or education, or area hotel or conference center. The location you choose should be conveniently situated for all participants. Be sure to make provisions for parking and to scout the surrounding area for inexpensive restaurants.

Even more important than the building you choose is the workshop room. If possible, choose a room where you can arrange chairs. You will also want wall and table space for displaying materials. Arranging to keep materials posted over the two days of the training will avoid the necessity of taking materials down and putting them back up. Check out the room ahead of time, noting acoustics, ventilation, potential for audio-visual use, convenience of restroom facilities, etc. Providing basic comforts is an essential part of running a successful workshop.

How Many Days to Set Aside for the Workshop

A two-day session is the most effective and realistic time frame in which to accomplish the goals of the workshop. Longer or short sessions can, of course, be planned, depending on the needs and schedules of the workshop participants. To adapt the two-day workshop agenda described in the next section, see pages 83-84, "If You Have More or Less Time...."

Whom to Invite to the Workshop

A program has the greatest chance of success when participants include, in addition to the specific practitioners who you hope will implement the curriculum, some or all of the following:

- District administrators (school superintendent, assistant superintendent for curriculum and instruction, curriculum coordinators)
- School health services staff, nurses, physicians, guidance staff
- Representatives from state and local departments of education and health
- Members of local voluntary agencies
- Specialists in content areas of particular interest (adolescent stress, nutrition, fitness)
- Parent representatives (PTA officers, school committee members)
- Health educators from colleges and universities

The participation of school administrators or a district health education coordinator shows broad interest in and support for the program. Administrators can be invited individually or as part of a team concept in which a school or district is asked to send a school administrator, two or three teachers, a school nurse, and a community health practitioner to the training.

The participation of state department personnel and local community agency representatives also shows broad support and underscores the importance of establishing linkages between the schools and other health and education organizations.

Remember, the broader the base of participation, the more evidence of general interest in and support for the program. In return for the contribution made by representatives of state departments, community health workers, school administrators, and parents, the workshop can provide those participants with increased awareness of new health materials and ongoing issues in school health education.

Encourage all participants to come for the entire workshop. Activities are tightly structured and the workshop is most effective when participants remain for the entire time.

How Many to Invite

The only constraints on the number of participants are the size of the workshop room and the number of available trainers. As a general rule, we suggest no more than 24 participants for each trainer.

How and When to Extend the Invitation

Invitations should go out as early as possible to avoid schedule conflicts. If you know that you will be conducting a workshop in six months, set the date and issue the invitations. Written invitations from a representative of the host organization, either requiring a response by a specified date or followed by a personal phone call, are most successful.

Following is a sample letter you may want to adapt for your invitations. In any communication you should include specifics such as workshop session length and material costs. You will also want to decide whether to invite classroom teachers directly or through a school administrator, as part of a district team.

SAMPLE INVITATION
TO POTENTIAL THTM WORKSHOP PARTICIPANTS

Dear

I am delighted to have the opportunity to invite you to the upcoming Teenage Health Teaching Modules Workshop scheduled for Wednesday and Thursday, October 8 and 9. The workshop will be held at the Red Cross Headquarters in Hopkins (see map and schedule included).

As you know, there has been a pressing need for a comprehensive approach to adolescent school health education and a demand for high quality materials. The Teenage Health Teaching Modules Program has responded by developing both an overall conceptual orientation to adolescent health and a series of modules in the form of teacher guides for use with seventh to twelfth graders.

The THTM workshop is uniquely designed to orient you to the goals and conceptual framework of the program and to introduce you to the materials. Additionally, the workshop is structured to generate enthusiasm for the curriculum and to give potential program users enough information to implement the modules comfortably and effectively. When you leave the workshop, you will have an implementation action plan specifically geared to the needs and objectives of your district, school, or classroom.

THTM offers an interdisciplinary, positive approach to health, combining perspectives on adolescent development with physical, emotional, cognitive, social, environmental, and occupational issues related to health promotion. Included in the THTM program are the following modules:

Health Is Basic: An Introduction to the Teenage Health Teaching Modules Program for Teachers and Students

Understanding Growth and Development

Being Fit

Eating Well

Communicating in Families

Promoting Health in Families

Having Friends

Living with Feelings

Handling Stress

Protecting Oneself and Others:
Smoking, Drinking, and Drugs

Preventing Injuries

Improving Health and Safety in the Workplace

Locating Health Resources

Using New Health Research

Acting to Create a Healthy Environment

Planning a Healthy Future

Together the 16 modules constitute an introductory survey course in health. Single modules can also be selected to supplement materials already in use. Activities are suited to a variety of subject areas, including health, home economics, social studies, science, physical education, and language arts.

I am very excited about the Teenage Health Teaching Modules Program and the upcoming workshop designed to introduce you and others to the modules and to the program's comprehensive approach to secondary school health education. Attending the October workshop will be school practitioners from around the state, representatives from the
and personnel from the
. We are particularly happy to have
, a noted expert in the area of health education evaluation, attending the workshop. will give the keynote address at the evening program and lead several group activities during Day One.

To reserve your place in the workshop, please complete and return the enclosed form by to:
We look forward to hearing from you soon and seeing you on

Sincerely,

THTM WORKSHOP REGISTRATION FORM

Name _____

Title _____

School/Agency Affiliation _____

Address _____

_____

Telephone _____

Primary responsibilities/interests in the area of adolescent health education:

_____

_____

_____

Primary goal(s) in attending the THTM workshop:

_____

_____

_____

Health issues and/or health tasks that are of particular interest:

_____

_____

_____

Please complete this form and return it by to:

Looking forward to seeing you on !

Conducting the Workshop

In the following sections you will have an opportunity to move step by step through the suggested two-day workshop agenda. Here, we suggest specific procedures and activities. We recommend a no-smoking policy in the meeting area, for instance, as a way of encouraging positive health habits. In addition, you will also find recipes for nutritious snacks and for suggested exercises that you and your participants can do easily and quickly during the breaks. Materials that can be duplicated and given directly to workshop participants are identified by dark borders.

TEENAGE HEALTH TEACHING MODULES
TWO-DAY WORKSHOP AGENDA

DAY ONE:

8:30	Welcome and Introductions
8:40	Icebreaker Activity
9:00	Agenda Review
9:15	Overview of the Teenage Health Teaching Modules Program
10:15	Exercise and Nutrition Break
10:30	Overview of Teenage Health Teaching Modules Format and Content
11:00	Individual or Group Review of the Modules
12:00	Lunch
1:00	In-Depth Session on One Module (One of Two from Four Possibilities)
2:15	Large-Group Debriefing Session
2:45	Exercise and Nutrition Break
3:00	In-Depth Session on Second Module
4:10	Preparation for Day Two
4:15	Adjournment

DAY TWO:

8:30	Introduction to the Day's Activities
8:45	Practice in One Teaching Strategy
9:45	Dealing with Sensitive Issues in the Classroom
10:15	Exercise and Nutrition Break
10:30	Practice in Another Teaching Strategy
11:30	Assessing Student Learning in the Classroom
12:30	Lunch
1:30	New Program Implementation: What Does It Take?
2:30	Check-In Time: Where Do We Go from Here?
3:00	Exercise and Nutrition Break
3:15	Workshop Review
4:00	Wrap-Up
4:15	Adjournment

Teenage Health Teaching Modules Workshop: Day One

8:30—8:40 Welcome and Introductions

After distributing the Introductory Packets, begin the workshop with a brief welcoming statement from a person representing the host or sponsoring school district or organization. If the workshop is being hosted by a school system, the superintendent or assistant superintendent might say a word or two. If a public health agency, such as a department of health, or a local voluntary organization like the Red Cross, is sponsoring the workshop, a representative can make the welcoming statement, introduce the trainer(s), and acknowledge participating school systems and/or health and educational organizations.

This introduction helps participants identify the workshop hosts and shows that the workshop has sponsorship and support beyond the individual(s) doing the training. It also reminds the host of the important role she or he plays in setting the tone for the workshop and engaging the attention and enthusiasm of the participants.

8:40—9:00 Icebreaker Activity

An icebreaker activity is a good way to get people up and moving around the room and to support them in meeting others who will be sharing in the training. It gives participants a task through which they learn about each other and share something of themselves. If the activity is light and entertaining, the icebreaker dispels the initial tension or uncertainty that is often present when a group meets for the first time.

Following are three icebreaker activities that have been used successfully to get a workshop rolling.

Icebreaker Activity I. Workshop participants (including hosts and trainers) are asked to take paper and pencil and move about the room with

the object of meeting as many people as possible in ten minutes. After exchanging names and affiliations, each person shares one unusual fact about himself or herself. At the end of the time limit, the person who has met the greatest number of people, stands up and shares the information collected.

As the information is read, the people who are named stand up so they can be identified by the group. In this way they are introduced again to everyone. At one workshop where this activity was used, workshop members learned that one participant was the grandmother of ten; another guessed that he was probably the only health educator in the room with a Ph.D. in Medieval History! The unusual characteristics that workshop participants use to identify themselves help them remember one another later and serve as ways of initiating conversations.

Icebreaker Activity II. For this activity, the trainer must bring to the meeting a variety of objects from which participants will choose vehicles for introducing themselves. A kitchen or desk drawer is a source of objects that can be used for this icebreaker: scissors, thimbles, buttons, socks, wooden spoons, thread, tape, string, etc. Placing the objects on a sheet or cloth in the middle of a circle or at the front of the room, the trainer asks participants to pick one object through which they can introduce themselves.

One teacher, holding up a stapler told the group that she likes to put things together, that she is an organizer and coordinator of people. Another used a can opener to describe his tendencey to take the lid off issues or problems and to get inside things. He went on to say how this "can-opener characteristic" suited his job as teacher-advocate for the local Teachers' Association as well as his love for tinkering with old car engines.

By making sure there are enough objects for each person in the room to pick one, everyone has an opportunity to make a brief and often interesting or amusing introductory statement, and, as a result, seemingly common objects become the source of uncommon associations.

Icebreaker Activity III. This activity is most appropriate when either time or space is limited or when it is preferable for participants to remain seated. Begin by having participants introduce themselves to the person sitting to their right in a row or circle. Ask each person to provide some particular kind of information--affiliation, purpose for being at the workshop, the one thing about the workshop they are most excited about, or simply something interesting or unusual about themselves. After allowing three to four minutes for private introductions, each participant introduces the individual sitting to his or her right. Because most people find it easier to share something about themselves privately and something about others in a group setting, this activity is often a relaxed and enjoyable way to begin a training.

9:00-9:15 Agenda Review

It takes only five or ten minutes to review the agenda with workshop participants, but it is a very important few minutes. Even if you have included the agenda in the Introductory Packets, and/or posted it prominently in the workshop room (both good ideas), you cannot assume that everyone has read it carefully and knows what will happen over the next two days.

After you have gone through the agenda, invite questions. This is a time to deal with any general issues or group concerns about what had been planned. If an issue arises that everyone would like to address, you may decide to change the schedules so there is time for added discussion. Be sure to distinguish individual problems from group concerns; if one or two participants bring up an issue that you do not think the group needs to address, acknowledge their concern and suggest a meeting at the break or during lunchtime.

Refer to the agenda again at the start of Day Two, when new issues or questions may arise.

9:15-10:10 Overview of the THTM Program

Displaying the Materials for the Presentation

During this part of the presentation, you will give workshop participants a broad overview of the program: its history, its goals, its conceptual orientation. Because there is a great deal of information to be communicated it is helpful if participants have a variety of ways to absorb it.

We suggest you put some of the most basic information on large poster boards, sheets of newsprint, or some other large and colorful display, and place it on the walls around the room where it can easily be seen. Some of this information, such as the goals of the program and the titles of the modules, should probably be put up at the start of the workshop and kept on display until the end. You might also designate one or two areas for revolving displays where you can alternate posters with information most relevant to the presentation at hand. Another way to present information is to make charts into transparancies for projection.

Preparing for the Presentation

Part I of Health Is Basic and the Overview Outline (pages 24-26) provides the basic structure and content for this part of the training. As you read through these materials, pick out the points you think are most relevant to

your participants. And remember that the Outline is only a guide. Feel free to vary both the order of presentation and the emphasis given to the topics.

Creating a Context for Listening

Why does a teacher who will be using only one or two modules need to know about the development of the whole program and the overall conceptual framework? This is a good question and one that will certainly be asked. Some points you can make to respond to this question and to create a context in which people have a reason to listen include:

- Each Teenage Health Teaching module is part of a larger program.
- The modules are tied together by a broad conception of adolescent health and development that should be emphasized no matter what specific module or modules are chosen.
- The program grows out of a definition of health as the complex interaction of physical, mental, and emotional functioning. It is the integrated functioning of the whole individual that promotes healthy well being. The module Being Fit, which focuses on physical health, is, therefore, intimately related to the modules Having Friends, Eating Well, or Living with Feelings, which emphasizes other components of health.

As teachers begin to grasp the totality of the program—its development, its underlying assumptions, its goals, and its basic components—they are able to make connections for themselves and for their students. These connections will then form the basis for healthy self-assessment and responsible decision making in the service of immediate and long-term health.

OVERVIEW OUTLINE

History of Development

Briefly reiterate the points made in the section "Questions and Answers About the THTM Program" (pages 4–8 in this Guide).

Key Points: Throughout the development and evaluation phases of the project, senior EDC staff, with backgrounds in health education, curriculum development, educational evaluation, and training, worked closely with specialists from voluntary health organizations, colleges and universities, government agencies, hospitals, and clinics to provide the most accurate and up-to-date information. The modules thus represent the most current thinking in adolescent health education.

The THTM Definition of Health and Health Education

Key Points: THTM defines health as the ability to act at one's full potential. Health encompasses the individual's total being; physical, mental, and emotional functioning are all involved and are almost always interrelated.

THTM defines health education as that process by which we provide people with the skills to assess their needs and to find health-enhancing ways of fulfilling them on behalf of themselves, their family, and their community.

An emphasis on personal responsibility for individual health behavior is critical.

The individual must also be aware of and take responsibility for social, cultural, environmental, and economic factors that affect health.

THTM Program Goals

Direct participants to the overall program goal and the specific program aims in Health Is Basic, page 16, and on page 27 in this Guide. As you review the goals, emphasize specific objectives which may be especially relevant to workshop participants.

(Suggested visual: Transparency or individual posters of program goals.)

The THTM Map of Health Tasks

Direct participants to Health Is Basic, page 7, and explain the map in terms of the following points.

Key Points: THTM encourages students to explore issues about themselves and then to move to ever-widening circles of concern for others.

THTM's Map of Health Tasks uses concentric circles to illustrate the expanding spheres on which health decisions can have an effect and which affect health decisions.

Although the individual is at the center of health decisions, individuals do not exist in isolation but in relation to other people and to the physical and social environment.

The modules address issues students will need to work on with others, as well as issues they can deal with on their own through individual action.

(Suggested Visual: Map of Health Tasks, page 7 in Health Is Basic, and page 28 in this Guide.)

THTM Program Framework

Refer participants to the module titles posted in the room, and to Health Is Basic, pages 9-17. The program framework includes three components: the health tasks of adolescence, traditional health education content areas, and essential health skills.

Key Points: Adolescent health tasks are those physical, mental, emotional, and social tasks adolescents need to resolve in order to develop to their full potential.

Each health task and module can be mapped on the diagram of concentric circles (Health Is Basic, page 11). Although placement of the modules or health tasks cannot be exact, because all of the tasks are affected by and affect all spheres, the chart is a good way of locating the sphere of primary influence of each health task/teaching module.

THTM's framework draws upon traditional health education content areas recommended by the State School Health Education Task Force* as minimum elements of a comprehensive school health education program.

THTM incorporates these major health content areas and expands upon them so that they are included in an interdisciplinary framework organized around the key health tasks of adolescence.

The module content matrix illustrates the intersections between traditional health content areas and THTM health tasks.

THTM focuses on five essential health skills: self-assessment, communication, decision making, health advocacy and healthy self-management.

(Suggested visuals: List of modules on transparency and/or posted around the room. Module positions on the THTM Map of Health Tasks, page 11 in Health Is Basic, and page 30 of this Guide. Module Content Chart illustrating the intersection of the health tasks and priority health content areas, page 13 in Health Is Basic, and page 31 in this Guide. Poster or transparency of Essential Health Skills, page 14 in Health Is Basic, and page 32 in this Guide.)

*Education Commission of the States. Recommendations for School Health Education: A Handbook for State Policymakers. Washington, D.C.: Education Services, American Council of Life Insurance, 1981.

THTM PROGRAM GOALS

The overall goal of the THTM Program is to provide adolescents with the knowledge, skills, and understandings that will enable them to complete their developmental tasks in ways that are health-enhancing--both with respect to their immediate health needs and the long-term consequences of behaviors they initiate during this period. More specifically, the THTM Program aims to:

- Excite students' interest in health issues and enable them to see relationships between behavior and health.
- Help students develop a heightened sense of personal and social responsibility for health decision making and provide them with the skills to take effective actions.
- Help students understand the physical, social, and emotional factors that influence the health-related decisions they will face.
- Provide students with the information and skills to work toward improving health and well-being for themselves, their families, and their communities.
- Help students recognize that in addition to individual lifestyle choices, there are broader social, cultural, economic, and environmental factors that affect health and well-being.
- Help students recognize that health decisions affect and are affected by at least six interrelated contexts: self, family, friends, workplace, community, and world.
- Help students distinguish between those actions they can take on their own and those for which they will need the support and help of other people.
- Encourage students to help one another in the adoption of health-enhancing behaviors and to seek additional support, when necessary, from friends, family, other important adults, and professional caregivers.

MAP OF HEALTH TASKS

THE TEENAGE HEALTH TEACHING MODULES

Health Is Basic: An Introduction to the Teenage Health Teaching Modules Program for Teachers and Students

Understanding Growth and Development

Being Fit

Eating Well

Communicating in Families

Promoting Health in Families

Having Friends

Living with Feelings

Handling Stress

Protecting Oneself and Others: Smoking, Drinking, and Drugs

Preventing Injuries

Improving Health and Safety in the Workplace

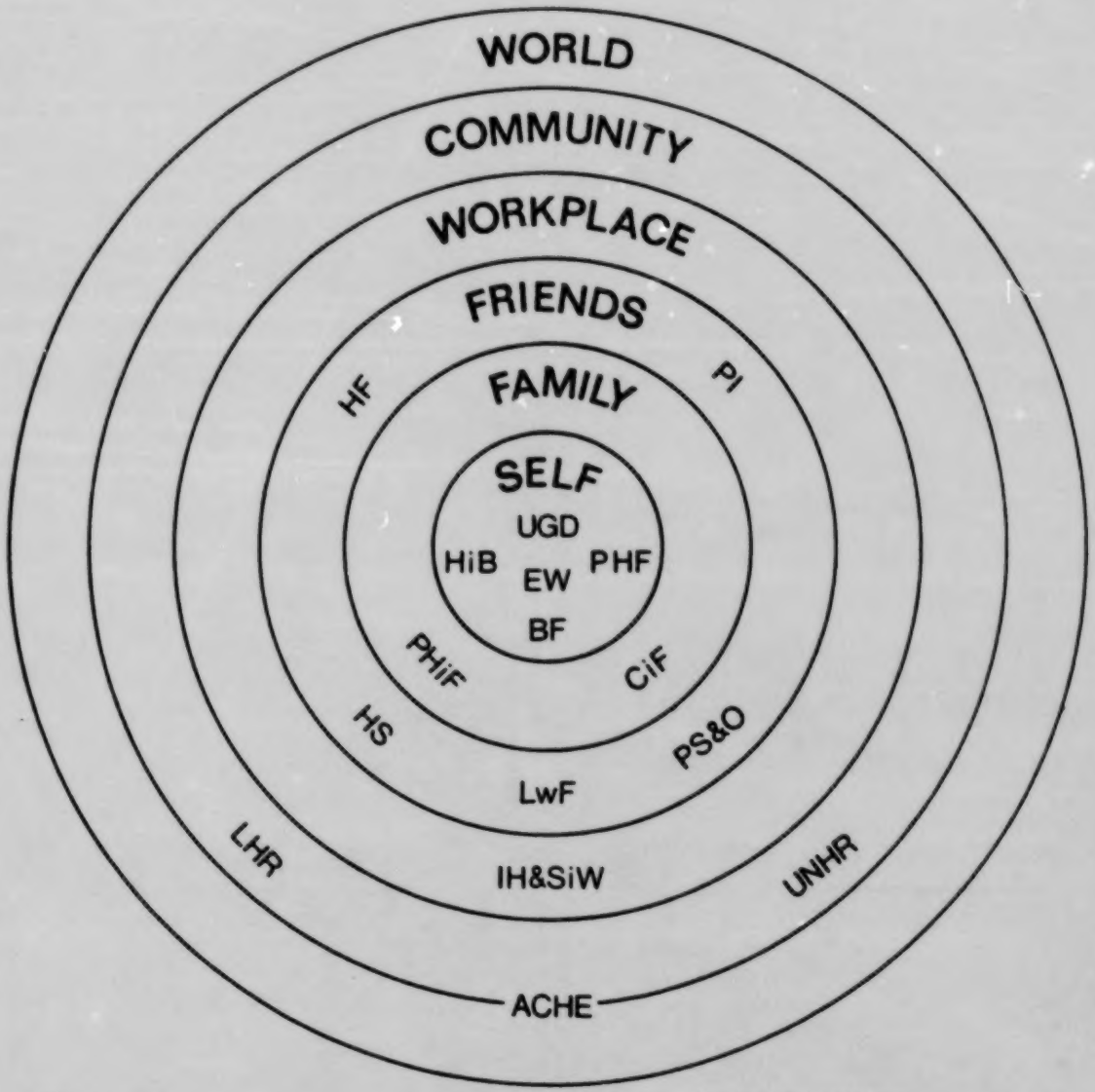
Locating Health Resources

Using New Health Research

Acting to Create a Healthy Environment

Planning a Healthy Future

MODULE POSITIONS ON THE THTM MAP OF HEALTH TASKS



KEY	
HIB	*Health Is Basic*
UGD	*Understanding Growth and Development*
BF	*Being Fit*
EW	*Eating Well*
PHF	*Planning A Healthy Future*
CIF	*Communicating in Families*
PHIF	*Promoting Health in Families*
HF	*Having Friends*
LWF	*Living with Feelings*
PS&O	*Protecting Oneself and Others: Smoking, Drinking, Drugs*
HS	*Handling Stress*
PI	*Preventing Injuries*
IH&SIW	*Improving Health and Safety in the Workplace*
LHR	*Locating Health Resources*
UNHR	*Using New Health Research*
ACHE	*Acting to Create a Healthy Environment*

MODULE CONTENT CHART

HEALTH TASKS* OF ADOLESCENCE AND PROGRAM INTRODUCTION	PRIORITY HEALTH CONTENT AREAS**									
	Personal Health	Mental and Emotional Health	Prevention and Control of Disease	Nutrition	Substance Use and Abuse	Accident Prevention and Safety	Community Health	Consumer Health	Environmental Health	Family Life Education
Health Is Basic: An Introduction to THTM	X	X	X	X	X	X	X	X	X	X
Understanding Growth and Development	X	X	X	X	X					X
Being Fit	X	X		X						
Eating Well	X	X	X	X				X		
Communicating in Families	X	X								X
Promoting Health in Families	X	X	X		X					X
Having Friends	X	X			X					
Living with Feelings	X	X			X	X				X
Handling Stress	X	X	X		X	X				
Protecting Oneself and Others	X	X			X	X				
Preventing Injuries	X	X				X				
Improving Health and Safety in the Workplace	X	X	X			X	X			
Locating Health Resources	X	X	X	X	X	X	X	X	X	X
Using New Health Research	X	X	X	X	X	X		X		
Acting to Create a Healthy Environment	X	X	X				X		X	
Planning A Healthy Future	X	X	X	X	X	X	X	X	X	X

*Understanding sexuality is a key health task of adolescence. It does not appear on this list because it is not being developed as a student module. Instead, the module, Sex Education: Deciding What's Right for Your Community, will be a manual for educators and parents to help them decide what approaches and materials on sexuality are appropriate for their community.

**State School Health Education Task Force. Recommendations for School Health Education: A Handbook for State Policy Makers. (Education Commission of the States, March 1981)

ESSENTIAL HEALTH SKILLS

Self-Assessment: The ability to look at one's own health beliefs, knowledge, skills, attitudes, and behaviors and make a judgement about where one is in relation to where one would like to be.

Communication: The ability to interact with others, read and listen with understanding, articulate health needs, and express caring concern for the health and well-being of self and others.

Decision Making: The ability to identify the choice to be made, consider alternatives, assess health consequences of each alternative for oneself and others, choose one's course of action, act with conviction, and evaluate the real outcomes of the decision.

Health Advocacy: The ability to act, even in the smallest significant ways, to enhance the health and well-being of people in one's family, school, workplace, community, state, nation, and world.

Healthy Self-Management: The ability to make situational and lifestyle behavior choices and plans over time that collectively result in the maintenance and enhancement of one's physical, emotional, social, and environmental health.

10:15-10:30 Exercise and Nutrition Break

This break offers an opportunity to make an important health statement. A workshop designed to introduce a health program should also be a place to demonstrate healthy practices. A "No Smoking" policy is one way to make this point; encouraging exercise during the breaks or between sessions is another. Providing nutritious, low-calorie snacks is a third strategy for translating health theory into health practice.

No Smoking Policy

At the start of the workshop, set the ground rules for smoking. With health as the topic of the training, it is appropriate to discourage smoking. We recommend that smoking be limited to the breaks and to a designated area outside the workshop room. You might further encourage smokers to consider abstaining from smoking during the two-day workshop as a sign of commitment to the health issues at hand.

Suggested Exercises

After sitting for some time, participants will benefit from simple exercises. Even though time is short, there are several simple exercises that can be done individually or in small groups to help participants relax and feel revitalized. To get participants involved, ask one or more to take responsibility for leading the exercise sessions. Below are some exercises they can use:

Clown Faces. The point of this exercise is to relax and awaken the muscles of the face, which tend to get rigid and stiff after hours of concentration. Sit or stand comfortably. Try to make your face as small as possible--squeeze all parts of it together, as though you were trying to make everything fit into a tiny space at the end of your nose. Then, still squeezing, experiment with various shapes by moving different parts of your face around. Next reverse the process by opening your features as broadly as possible. Lift up the eyebrows, open and stretch your mouth, stick out your tongue, expand the nostrils. Staying as wide as possible, continue to experiment with various open stretches. Repeat. Your face should feel warmer, because the exercise improves circulation, and more relaxed. (This exercise should produce a good-humored group. The faces are certainly funny looking and should inspire some laughs.)

For the Neck and Shoulders. Stand with feet parallel. Tuck the hips under and ask a person nearby to see that you are standing straight--head erect, shoulders down, not hunched around the ears, and no sway back. The knees should be neither bent nor locked rigidly in place. First, raise the shoulders to your ears and drop. Repeat three or four times. Feel the difference between the tensed state when the shoulders are raised and the more relaxed state when they are level. With shoulders relaxed, drop your chin to your chest, lift to center, drop you head back, lift to center. Next drop your left ear to your left shoulder, lift to center. Drop your right ear to your right shoulder, lift to center. Repeat. Then drop your

chin to your chest and slowly roll your head in a complete circle, at least three times. Repeat the circles in the opposite direction. Go slowly, as though gently massaging out the kinks.

Relief for the Lower Back. Stand comfortably with your feet parallel and approximately a foot apart. Bend your knees. Drop your chin to your chest and slowly lower your head, your shoulders, and your back. Try to picture each vertebrae in your spine and imagine that you are releasing each one, one at a time. Stop at the point where you feel a good stretch--but not a strain--in the lower back or the back of the thighs. Let your arm dangle and feel the weight of your head pulling you down and deepening your stretch. Do not bounce; simply dangle. Breathe in and exhale, imagining that you are blowing out through the stretched muscles. Then come up slowly, begining with the lowest vertebrae of your lower back first. Again, imagine each vertebrae, but this time you will be straightening and aligning your spine from the bottom up. When only your neck is still bent down, take in a deep breath and align your head slowly on the top of your spine. This exercise is wonderful for countering the low back pain so many people feel after sitting for a long time.

Nutritious Snacks

Provide healthful snacks at the break. In addition to coffee, for example, have herbal teas, juice, and milk available. Sliced vegetables, fruits, and whole grain snacks also make good substitutes for the traditional donuts and cookies.

You may want to ask area home economics teachers if they and their students will make contributions of healthful snacks. Sometimes local voluntary agencies, health organizations, or even health food stores or grocery markets will help out if approached. And participants themselves are often willing to bring nutritious snacks. This last method has the added advantage of getting participants actively involved in the issues and practices of comprehensive health.

10:30-11:00 Overview of THTM Format and Content

This part of the workshop gives participants a brief introduction to the content of each of the 16 modules and familiarizes them with the module format. To do this in 30 minutes and in a way that wets the interests and appetites of the participants is a real challenge (and exhausting!). (In fact, you may feel more comfortable highlighting only some of the modules during this overview session. If so, use the workshop registration forms to choose five or six modules that capture the participants' primary interests and/or that seem to be areas of health that workshop participants do not mention as often as you would like to have them included in a comprehensive secondary school health education curriculum.)

Aim for brevity, clarity, and humor in your presentation wherever possible. Try to vary the tone and style, using one or more of the following methods:

- Hold up each module in turn.

- If more than one trainer is available, alternate presentations between trainers for variety.

- Make transparencies of the module covers and a key page from a highlighted activity, especially for large groups where seeing the modules might pose a problem.

- With small groups, involve the participants directly in the review by assigning them roles, from asking individuals to hold up the modules while you are speaking to having participants review specific modules before the workshop and making the brief introductory statements.

Other methods of making the modules accessible to workshop participants before, during, and after this part of the workshop include:

- Large posters of the module titles hung around the room, matching the color of the module cover.

- One or more display tables in the workshop room where participants can leaf through the materials during the breaks or at other unstructured times.

Start with one module and briefly describe its format. Any module will do, because all modules follow the same pattern:

- Table of Contents

- Introduction, covering the key issues around the topic

- Goals of the Module

- Module Overview, a two-page summary of activities, including activity descriptions, instructional methods employed, and number of class periods required for teaching.

As you describe the Module Overview, emphasize two points:

- The modules call for a wide variety of instructional methods. (Give examples from the module you are using.) Two segments of the workshop have been set aside to review some of the key teaching methods, and there will be time to ask about other instructional techniques. The introductory module, Health Is Basic, describes the major teaching strategies used in the THTM program on pages 32-43.

- The number of class periods listed in the Module Overview is an estimate to help teachers plan their time. As teachers review the content of individual activities and think about their particular classes, they may want to make adjustments. Because these are framing modules, teachers may also want to add other materials, which will modify the timing. Almost every module activity could be expanded to fill an entire course.

> Remember, the modules provide a way of framing some of the key issues and giving a broad introduction. They are not intended to provide in-depth coverage on each subject. Remind participants that each module includes a bibliography of other programs which can be used to supplement the THTM framing module.

After you walk the group through the Contents, Introduction, Goals, and Module Overview, choose one Activity to illustrate how the activities are set up. Be sure to point out the major sections: Module Objectives, Activity at a Glance, Preparation, and Procedures. Make clear which pages are designed for duplication and student use; they are found at the end of each activity and are boxed to distinguish them from material intended for teachers. Stressing to teachers these pages to be prepared for student use underlines the need for reading through the entire module before starting to teach it.

Once you have reviewed the format of the modules, you will be ready to say three or four sentences about each one. To emphasize the self-family-workplace-community-world progression, introduce the modules in the order listed at the front of each booklet and on page 29 of this Guide, beginning with Health is Basic and ending with Planning a Healthy Future. Always specify the titles so that participants become familiar with them. For modules not designed for junior and senior high school students, indicate at which grade level the module generally fits best; many participants will be ready to choose the module(s) they will want to teach.

Base the presentation on the module descriptions in Health Is Basic, pages 17-20; but do not simply read these descriptions and have participants follow along. It is a good ideas to read through each module ahead of time and pick out one activity or type of activity that seems especially intriguing. For the module Having Friends, for example, you might say:

> Having Friends provides students with the skills to develop and maintain friendships, to deal with loneliness and shyness, and to become aware of the qualities they most admire in friendships. You might be especially interested in Activity Two, which gives the entire class a chance to think about the qualities they value in themselves and others by playing the Popscore Game. Having Friends is recommended for grades seven through twelve.

11:00-12:00 Individual or Group Review of the Modules

Once the group has had an opportunity to preview the modules they will want to sit down and study the two or three modules they find especially interesting.

Depending on the make-up of the workshop and the number of sets of materials available, there are various ways to organize this activity. If individuals have come on their own initiative from all over a state or region, you might ask them to group together according to the modules they are most interested in reviewing. In three 20-minute segments, groups can switch to review and discuss their three top choices.

If individuals have come in school district teams, ask that they work together. Suggest that the teams identify two or three modules by the needs of the district for new curricula in health education. The entire team can then review each module with a view to the broad needs of the system as well as to individual interest. This activity is a good preparation for Day Two's focus on actions plans for more general program implementation.

Review of the modules can also be organized by subject area or role in the system, with physical education teachers or health coordinators meeting around a module of common interest.

If enough modules are available for review, the hour can be even more informal, with modules left on display tables for individuals or small groups to pick up and preview in their own way and for a time period that they determine.

12:00-1:00 Lunch

Provide an hour for lunch. The workshop is very full, and it is important for participants to relax and have time to absorb what they have learned. If there are inexpensive lunch places near the meeting site, you may want to give participants a chance to get out. However, there are advantages to having lunch on site. The time saved by staying around the workshop room can be used for exercise, for materials review, or for informal conversation. (If participants are expected to pay for their own lunches, make sure they know in advance. Be sure to suggest that participants are free to bring a bag lunch.)

1:00-2:15 In-Depth Session on One Module (Choice of Two from Four Possibilities)

During the afternoon of Day One, workshop participants will review two modules in depth. To set up these reviews, you will have to do two things before the workshop.

- Select the four modules you think will be most popular with and relevant to the participants. Then select an activity from each module to have available for a detailed demonstration. To do this, you may have to conduct an informal survey by telephoning a sample of participants or representatives of participating systems. Alternatively, you might select modules by reading materials from participating districts about their key health concerns, or simply by choosing issues that you know are of general interest. Because this part of the workshop is designed to engage participants in the substance of the curriculum, your selection is very important.

- After you have selected four modules to highlight in this session, you will need to find someone to help with the presentation. Because the activity divides the workshop into two groups, two leaders are needed. If you are conducting the training alone, you might ask a colleague to join you for this part of the training. Or you might think about asking a workshop participant with training experience to prepare two of the four modules for presentation. Teachers are used to performing in front of groups and often appreciate an opportunity to take an active role in the training. In fact, throughout the workshop try to involve the participants as actively as possible.

To begin the activity, ask participants to choose as a group two modules from the four prepared to go into in-depth. These two modules will then be the focus of two group reviews in this session and in a second session at 3:00, when the groups will switch modules and review the one not previously used.

Access to two separate rooms is best for this activity, but a room and a hallway or even two corners of one room will work. Arrange the group in a circle and, if possible, have enough copies of key pages so that everyone can participate. Then, just as you did for the module overview section, go through the module quickly so that participants will be reminded of the format. In particular, point out that pages for duplication and distribution to students are located at the end of the activity in which they are used. Emphasize that each module is laid out in the same way. Ask participants to hold their questions until you have completed this brief preview; they will have ample opportunity to ask both general and specific questions as they go through the module in greater detail.

Then go through the module a second time, focusing on its content. Start by reading through the goals for the module. Participants may want to know what a particular goal means or how the module goals relate to the

activity-specific objectives. Be prepared to give a brief synopsis of each module activity, allotting about 20 minutes to both this and the first segment of the presentation.

Use the next 40 minutes to go through one preselected activity to give participants a direct experience with a part of the curriculum. Since most activities can be done from an adult perspective, ask participants to respond as themselves, not as if they are adolescents. For Activity Two in Handling Stress, for instance, participants can identify and evaluate stressors in their own lives. Where the lesson calls for taking a class poll and teachers are guided to ask students what are some special sources of adolescent stress, instead ask, "What are some special sources of adult stress?"

To vary participants' experience of the module activities in the two in-depth sessions, choose activities that make use of diverse instructional methods; consider selecting one activity which calls for discussion, for instance, and another that combines mini-lecture and brainstorming. At the end of the two in-depth module review sessions, participants should have a complete understanding of what a module is and how it is put together, a general knowledge of the content of two modules of specific interest, and a direct experience of two module activities using a variety of teaching and learning strategies.

Begin debriefing the activity in the final 15 minutes, creating a momentum for additional sharing in the large-group session which follows.

2:15-2:45 Large-Group Debriefing Session

After going over a module in depth and experiencing one activity as it might unfold in a classroom stituation, participants will have comments and questions. They will also be curious about the other group's experience. The purpose of this session is to bring everyone back together to share what has come up in their small groups and to reflect more generally on the training up to this point.

This is a good time to check with participants to see whether the workshop is meeting their needs and to make any necessary modifications. It is also a good time to find out whether there are any particular teaching strategies they would like to work on in the teaching strategies practice sessions.

Obviously, all participant requests cannot be addressed in a two-day workshop. For example, participants in one workshop benefited so much from direct experience of the module activities that they wanted to spend two weeks going over every activity in the entire curriculum! Nevertheless, the underlying concern for familiarity with the materials and competence in using them can be discussed, and trainer and participants together can generate potential, if not immediate, solutions to issues that come up during the debriefing. In this situation, several in-service workshops were suggested to provide teachers with additional experience and training.

2:45-3:00 Exercise and Nutrition Break

See pages 33-34 for suggestions.

3:00-4:10 In-Depth Session on Second Module

Repeat procedures from previous in-depth session.

4:10-4:15 Preparation for Day Two

Just before the end of each day there is an opportunity for the whole group to come together. These structured ending times, though brief, bring the day to an orderly end. They offer a time to answer last minute questions and to preview the follow-up activities. The brief welcoming remarks at the beginning of the day establish a positive workshop tone; the closing remarks help maintain the interest and enthusiasm of the participants.

Every workshop goes through similar stages in terms of the moods and energy levels of the participants. By the end of Day One the participants are generally tired and somewhat overwhelmed. The day has been long and filled with new information. Now, on top of everything else, you are asking for homework! A sentence or two acknowledging the amount of material that has been covered and the length of the day is helpful at this point.

Pass out "Strategies for Dealing with Sensitive Issues in the Classroom" and "Assessing Student Learning in the Classroom." Explain that they require reading and some preliminary thought before the next day's discussion, but <u>not</u> detailed preparation.

If appropriate, comment on the success of the first day's activities, the high level of participant involvement, and your excitement about the final day of the training. When an evening activity is planned, be sure to mention it here and invite everyone to participate. End by reminding participants of the starting time for Day Two and, if possible, plan to stay 10 or 15 minutes after the workshop ends to respond to individual questions.

4:15 Adjournment

Teenage Health Teaching Modules Workshop: Day Two

8:30-8:45 Introduction to the Day's Activities

Begin Day Two with a brief welcome and preview of the day's events. Make sure everyone has received and read the two handouts that will be used in discussion, and take a few minutes to respond to questions.

8:45-9:45 Practice in One Teaching Strategy

Background

The Teenage Health Teaching Modules call for the use of a wide variety of teaching and learning strategies. Mini-lecture, class discussion, brainstorming, role playing, and small-group work are the more common ones.

Many of these techniques initiate high levels of teacher-student and/or student-student interaction and demand skill and patience from the teacher for their success. Most teachers are familiar with the strategies, but they may not use some of the techniques often and they may be uncomfortable about using others. Teachers who have used the modules frequently report that they would like additional training and support in the teaching methods of the THTM curriculum.

For a general overview of the teaching and learning strategies used in the program, refer workshop participants to pages 32 and 43 in Health Is Basic. Ask that they turn to this section now as you go over some of the major techniques commonly used in the modules. Encourage potential module users to read this section often: before starting a module to be reminded of the purposes of the strategies, while teaching a module to focus on the specific strategies called for, and after completing a module to reflect on the success of the strategies and to consider possible modifications in using the techniques another time.

From Theory to Practice

Reading about teaching strategies is valuable, but it is even more helpful to see a method in use and to take part in carrying it out and evaluating it. For this reason, two sessions of the workshop are devoted to activities that give potential module users a chance to practice key teaching strategies and to think about ways to make them work most effectively in the classroom. Although there is time to work on only two teaching strategies during the workshop, we have included activities around four to give you and the participants a choice of techniques to practice. If you are running short of time, Activity Four, Brainstorming, might be a good choice for one strategy session, because it can be completed in 30 to 45 minutes or expanded to fill the entire hour.

You may want to give participants the activity sheets for all of the skills, even though you will not be using them all at this time. Suggest that participants review the activities after the workshop and consider working on them with colleagues or at a later reconvening session.

If a teaching skill critical to you and others in the workshop is not offered as one of the activities, you may decide to work up an activity of your own. If you think this may be an option, we suggest that:

- You bring the possibility up on Day One, so that there is adequate time to prepare.

- The activity you create combines opportunities for both active engagement in the skill and time for evaluation and reflection.

Activity One: Mini-Lecture

Lecturing is one of the most commonly used teaching strategies, yet teachers do not always take time to think about the variety of ways they can make this method of presenting information to students interesting and engaging. Since mini-lectures are frequently used in the modules to introduce background information at the start of an activity, it is especially important that teachers use this technique effectively to raise rather than diminish the motivation of their students. Remind workshop participants of these points to introduce the activity.

To prepare for the activity, first choose a mini-lecture from one of the modules on the basis of its interest to your workshop participants. Be sure the one you choose is relatively brief, because it will be presented several times in different formats. Duplicate it so there is a copy for each participant. Also duplicate the "Mini-Lecture Checksheet," one for each participant, and make one copy of the Mini-Lecture Assignment Cards, and cut it up for distribution to small groups.

Have available in the workshop room at least one tape recorder with blank tapes; some of the following: poster board, newsprint, overhead projector, and blank transparencies; masking tape; magic markers (wide points); and pens.

The purpose of this activity is to have the group see the same mini-lecture presented in a variety of ways and to comment on the relative effectiveness of each method of presentation. The activity has three parts:

Part I: Mini-lecture preparation (15 minutes)

Part II: Mini-lecture presentations (25 minutes)

Part III: Follow-up analysis and discussion (20 minutes)

Divide the workshop into five groups, randomly distributing an assignment card to each. Give a copy of the selected mini-lecture to each participant. Ask each group to appoint a leader to manage the preparation activities: reading the assignment card, assigning roles, and introducing and orchestrating the presentations.

Watch the time, and inform the groups when they have only five minutes left. At the end of 15 minutes, have the groups come together again. Each group or its representative then has no more than five minutes to present the lecture as prescribed by its assignment card.

Ask participants to record their reactions to and comments on each presentation of the "Mini-Lecture Checksheet." These comments should be as specific as possible, noting, for example, aspect of the pacing, tone, or lecturer's delivery and those that helped or hindered. (It is a good idea to wait until this time to pass out the Checksheets so that the groups cannot design their presentations to meet the criteria on the sheets.)

When all the presentations have been made, invite general reactions. To guide the discussion you might ask the following questions:

- What method(s) communicated the information most clearly and in ways that you found engaging?
- What was it about this form of presentation that made it work? (Be as specific as your can, referring to tone, pacing, body language, etc.)
- If messages did not come across clearly, what were some of the reasons? How could those presentations be improved?

Reserve the last five minutes for wrapping up the discussion. At that time either you or a volunteer can summarize the major points. In particular, note whether you discovered anything surprising. You may also want to add other strategies for making a mini-lecture effective that were not part of the assignment.

MINI-LECTURE ASSIGNMENT CARDS

ASSIGNMENT CARD ONE

Read the mini-lecture three times:

(1) Straight reading.
(2) Reading with dramatic expression.
(3) Reading with elaboration through personal experience or general example.

ASSIGNMENT CARD TWO

Present the mini-lecture in your own words:

(1) Review the lecture for the main points.
(2) Make a brief outline.
(3) Study the outline.
(4) Without referring to the lecture or your outline, deliver the main points of the mini-lecture.

ASSIGNMENT CARD THREE

Tape record the mini-lecture:

(1) Record the mini-lecture on tape.
(2) Present the lecture by playing the recording without interruption.
(3) Present the lecture by playing the recording, stopping at various points to add illustrations or elaborations.

ASSIGNMENT CARD FOUR

Develop visuals to present the mini-lecture:

Depending on the materials available use one or more of the following to present the information in the mini-lecture: poster board, newsprint, transparency.

ASSIGNMENT CARD FIVE

Have workshop participants read the mini-lecture:

(1) Have participants read the lecture silently.
(2) Ask two or three participants to read parts of the mini-lecture in turn out loud.
(3) And, in case you thought you wouldn't have anything to prepare: Put together and demonstrate the most imaginative and interesting lecture presentation you can devise in the next 15 minutes!

MINI-LECTURE CHECKSHEET

Presentation	Degree of Clarity clear vague unclear	Level of Interest high moderate low
READING		
(1) Straight reading	___ ___ ___	___ ___ ___
(2) Reading with expression	___ ___ ___	___ ___ ___
(3) Reading with elaborations	___ ___ ___	___ ___ ___

Comments: _____

_____.

SPEAKING

Comments: _____.

_____.

RECORDING

(1) Recording without interruptions	___ ___ ___	___ ___ ___
(2) Recording with elaborations	___ ___ ___	___ ___ ___

Comments: _____

_____.

VISUALS

Comments: _____

_____.

READING BY PARTICIPANTS

(1) Silent reading	___ ___ ___	___ ___ ___
(2) Reading out loud	___ ___ ___	___ ___ ___
(3) Open-ended presentation	___ ___ ___	___ ___ ___

Comments: _____

_____.

Activity II: Role Play

Role playing is a method of acting out an imaginary situation. The situation is described to the role player, who then enacts the role according to how he or she thinks it would feel to be in that situation. It is based on improvisation: the general outline of what will happen is known, but exactly how it will unfold depends on the players' interaction with one another.

Role playing is an excellent strategy to use when you want students to:

- Put themselves in another person's place to try to understand the thoughts and feelings the situation evokes in that person.
- Try out new ways of behaving to see whether they bring the results they are meant to, or just to see how the behaviors actually feel.
- Learn how others react to various attitudes and behaviors in a practice situation.
- Take risks with new ways of behaving in a safe situation, without fear of failure or real negative consequence.

We have found that junior high school students are generally enthusiastic about the techniques, but high school students may be more reserved or shy about trying it. Teachers who are not experienced with role play techniques may also feel uneasy about using the strategy as a teaching tool. Their fears generally fall into four categories: how to motivate student interest, how to maintain class control and discipline, how to ensure a quality improvisation that makes sense and is taken seriously by the students, and how to use the role play experience profitably after it is over. The best preparation for leading a role play is to participate in one. Just as students' initial anxieties can be quelled by "giving it a try," teachers' fears or uncertainties can also be dispelled or minimized by actually trying out the technique. The following activity allows workshop participants to develop and act out their own improvisational scenes. It has been adapted from role plays that appear in Activity Six of Eating Well and Activity Nine of Protecting Oneself and Others.

To prepare for the activity, xerox the following statements and cut them apart, type each on an index card, or write them on the board.

> My sister is constantly drinking diet soda. I've told her saccharin is dangerous to her health, but she just doesn't seem to care.
>
> I'm really concerned about my brother. He's always salting his foods, and it seems all his favorite foods are very salty, too: pickles, salted peanuts, potato chips. How do you help someone change habits that are bad for them?

My friend is 15 to 20 pounds overweight. She knows she should get more exercise, but with all that extra weight, she doesn't seem to enjoy any kind of activity. How can I help?

I'm really worried about my Dad. He just had a stroke and has had to cut down on work. He's working again now and recuperating nicely, but he refuses to stop smoking. The doctor has told him that he can't expect much progress--and that he may even have another more serious stroke--unless he quits. What can I do?

My sister is pregnant and smokes about a pack a day. I know that cigarette smoking can hurt the baby. It might stunt its growth and even make it less intelligent, but my sister can't seem to help herself. How can I help her?

Begin the activity by sharing with participants the goal of the activity--namely, to familiarize them with role play techniques so that they will feel better equipped to do the role plays suggested in the modules. You might also note that wherever role playing is suggested in a module, the activity also includes alternative options for teachers who may not elect to use role play. This session will give them an opportunity to put themselves in their students' shoes by participating in an improvisation and to reflect on and analyze the experience immediately afterwards.

Divide the group into five subgroups and give one statement to each subgroup. Explain that each of the five characters wants some advice on how to offer help to someone. Each group's job is to provide that advice by creating a scene in which the helper (the speaker in each statement) approaches the person to be helped. In the saccharin story, for example, the group could invent a conversation between the two sisters, or create more characters, such as family members or friends who are involved in some way.

Here are some hints to make the scenes come alive:

- Decide who the characters are and what their relationship is to one another.
- Decide what they are doing. Eating dinner? Taking a walk? Waiting in the lunch room? Shopping? Sitting on a bus? Playing cards? Watching a sports event? Talking on the telephone?
- Where are they? At home? At a friend's house? At a game? At a restaurant?
- What has gone on just before the scene begins?
- What kind of ending do they want to work toward?

Some groups may feel that they need more information to be really persuasive. Allow a moment for each group to ask the rest of the class for any special information, such as the ways in which saccharin may be dangerous or exactly what is known about the prenatal effects of smoking cigarettes.

Participants in each group should take ten minutes to plan their scenes carefully and then quickly act them out. They should decide who will play each role and how they want to set up their "stage." (Most things can be pantomimed, so few props are necessary.) If there are more people in the group than there are characters in the skit, people can play objects, such as chairs or tables, or do sound effects like ringing phones.

After ten minutes, clear a space in the center of the room and bring the groups together for the skits. Skits should be no longer than three minutes each, so there should be plenty of time to see them all.

A few simple conventions can help you begin. First, ask members of the presenting group to assume their positions--that is, to arrange themselves the way they want to be when the skit first begins. Have them hold this position in a "freeze." They may need to practice freezing and unfreezing. It takes a lot of discipline to keep perfectly still. Next, designate one of the group to be the director. That person should signal the start of the scene by saying "Curtain," in a loud, firm voice. The action then begins. The director signals the end of the scene by calling, "Cut."

Immediately after each role play, ask players to state how they felt as the character they played. What was the interaction like for them? How did the other players make them feel? Was there anything else they wished could have been done or said? What? By whom?

Next, ask the observers to reflect on what they saw. Were the helpers successful in supporting the person in need of help? If so, what did they do that worked? If they were less than successful, how could the helper change his or her approach? If time allows, ask for suggestions for different strategies the helper might try. Play the scenes again to see if the new strategies allow for new, more successful endings.

After all the role plays have been given, review the situations. Try to categorize the main strategies people used or the statements they made that were most helpful, and put these up on the board or write them on a large piece of paper for everyone to see. Here are some strategies that may have emerged:

- Explaining how the person's behavior affects you--that it worries or upsets you because you care about the person, for example.
- Asking the person to change a behavior out of concern for you--to lessen your worries, to ensure that the person will be around for a long time, and won't become incapacitated.
- Talking with the person about the reasons for the behavior, establishing the needs that behavior seems to satisfy, and helping the person find

others ways to satisfy those needs. (Chewing gum instead of smoking, meditating, using deep breathing to relax, avoiding certain stressful situations, becoming more assertive to help minimize stress, drinking no-cal club soda mixed with fruit juice instead of saccharin soda.)

- Referring the person to experts or organizations that exist to provide professional help.

- Explaining the health facts and/or countering popular myths (such as "smoking relaxes me").

Which, if any, of these strategies did the groups use? Which seemed to work the best? Were some more effective with one person than with another? (That is, did one person respond more favorably to one approach than to another?) Why do you suppose that was the case?

Ask participants how they felt doing the improvisations. What was the most difficult? What easiest? Fun? Embarrassing? How could the positive parts of the experience be highlighted and the negative minimized or overcome?

Depending on the issues raised, here are some additional pointers on classroom use you can share:

- Students may begin with some hesitation or nervousness, often expressed as laughter or derision. One way to counter that kind of initial reaction is to say right away in response to it, something like: "I know it may be difficult to take this seriously, but you really do have to <u>believe</u> in it to make it work. If you believe in it, we'll believe in it and then, I think, we'll have something really worth watching."

- Encourage students to play their scenes in a straightforward and realistic manner. They may, of course, incorporate a lot of humorous incidents, but the jokes should be coming from <u>within</u> the drama; they should not be directed <u>at</u> it. Corny caricatures or silly overacting only make scenes less believable, and show that students are still nervous about the activity. Try to address their nervousness—sharing, perhaps, how you felt when you tried role playing for the first time.

- Encourage students to think about the space they are working in. Aim to use pantomime with precision; if someone has established that a wall exists, be sure people in the scene don't start walking through it. The more students focus on creating a believable space, the more precise and understandable their scenes will be.

- Don't hesitate to use the "freeze" described earlier, any time you want to stop the action and discuss what's gone on so far. If a scene seems stuck, for instance, you could call for a freeze and ask the audience for suggestions on how to move it along. You can also ask the characters to unfreeze and <u>out of role</u> to discuss what is happening <u>in role</u>. Then have the actors resume their freeze, call "Curtain," and continue the action.

- If students are nervous about being watched by an audience, you can have the whole class plan out one role play at a time. Then divide the class into groups and have each group perform simultaneously, so that no one is performing in front of anyone else. Debrief by having group members discuss what they did in their scene and how well it seemed to work.

- Ask students to generate their own role play situations, based on their own experiences, rather than or in addition to using those suggested in the modules.

- Finally, remind teachers that there is information on role play in "Teaching Strategies Employed," Health Is Basic, pages 36-38.

Activity III: Class Discussion

Leading an effective class discussion in which participants share experiences, exchange ideas, and work together on common problems is a delicate art. Teachers often report that their students have difficulty sharing or that they themselves have a hard time holding back so that students can talk with one another freely.

The purpose of this activity is to give workshop participants a chance to take part in a group discussion and/or observe a discussion with an eye toward examining what makes the discussion work and what gets in the way of sharing and common problem solving.

Begin by picking from one of the 16 modules a class discussion that you think will interest the participants in your workshop. If issues of puberty are a central interest to the group, you may want to choose something from Understanding Growth and Development. If the participants have expressed particular interest in substance use and abuse, look first to the module Protecting Oneself and Others: Smoking, Drinking, and Drugs. A quick way to identify activities that rely on class discussion is to skim the instructional methods column in the Module Overview pages found at the beginning of each booklet.

Once you have chosen a discussion topic, decide who will lead the group. Whether you, an outside guest, or a participant volunteer assumes the role, it is important that everyone understands that the leader's skills will be evaluated and that both the leader and the participants should be prepared for and open to this aspect of the activity so that everyone can benefit from the experience.

Ten to 15 workshop participants should take part in the discussion; the remainder act as observers. Once the discussants have moved to the center of the room and the observers have taken peripheral seats, ask everyone to turn to page 33 in Health Is Basic. Take five minutes to review the pages on class discussion, either as an individual or group exercise, paying special attention to what makes for an effective class discussion. Ask observers to make notes on the interactions that take place during the discussion.

Allow 20 to 30 minutes for the group discussion, depending on the time available and how much momentum is generated by the discussants. As an alternative to letting the entire discussion unfold before reviewing it, divide the discussion time into two or more parts so that the leader has an opportunity to make adjustments after a brief period of observer comments.

If you have led the discussion, ask someone else to facilitate the followup evaluation. This way you can stay "in role" and offer feedback as the discussion leader without having to take responsibility for the whole group.

Although those who took part in the discussion will have overall comments, ask that they hold off during the first half of the critique. During this part, discussants will provide important "inside" information in reaction to observer comments. If an observer notes, for example, that the leader encouraged everyone to take part, but then consistently called upon three group members while several others sat unrecognized with their hands raised, the facilitator can ask the three participants who were called upon and those who sat unrecognized to share their reactions to the experience.

To make sure that the follow-up discussion is constructive, ask that each critique be accompanied by a suggestion for making the interaction more effective. If possible, have members of the discussion group try out the suggestion for immediate feedback.

During the last 10 to 15 minutes of discussion time, give everyone an opportunity to make comments specific to the demonstration as well as more generally applicable to conducting effective group discussions. Be sure to save at least five minutes at the end to summarize the major points.

Activity IV: Brainstorming

The purpose of brainstorming is to generate a list of ideas around a particular topic with as many alternatives as possible. As a technique, it helps people think creatively and invites the participation of all members of a group. The quick response, without analysis, motivates participants to come up with imaginative ideas that would not be easily generated in a group discussion.

To start the session, refer participants to pages 35 and 36 in Health Is Basic and ask them to read the two pages quickly. Emphasize the elements of the technique by reading aloud the list on page 36.

Share the models of brainstorming, "A Problematic Brainstorming Session" and "An Effective Brainstorming Session" (a copy for each participant). Ask for volunteers to read the parts of each student. You will also need someone to play the role of "Teacher" and a "Commentator" to read the interpretation column. So that participants get a feel for the interactions in both brainstorm samples, each sample could be read once by the role players alone and then a second time with the "Commentator" interjecting the interpretive comments.

As the role players read the samples aloud, ask others to follow along. After each sample, use the interpretive comments as a basis for debriefing the exercise. Also encourage participants to share their reactions to taking part in or hearing each sample brainstorm or to make any additional comments. Since there are only guidelines and not absolute rules for interpreting and/or responding to any given situation, there could be some discussion of alternative points of view or alternative responses.

Keep in mind throughout this exercise that you are helping teachers master a technique that is different from a general classroom discussion in which students make different points as they interact with each other and the teacher. In brainstorming, they respond to a situation or problem spontaneously and nonjudgmentally as a way of generating many possible solutions. Only when all the options are available, do they begin to sort, prioritize, and evaluate.

If you are limited for time, consider having participants read only one of the samples out loud. The other sample can be read silently, with or without time for additional discussion.

AN EFFECTIVE BRAINSTORMING SESSION

TASK: To generate a list of some of the physical and emotional problems that teenagers face.

STUDENT AND TEACHER STATEMENTS	TEACHER WRITES	INTEPRETATION
JEAN: "Pimples"	"Pimples"	Teacher accepts contribution and does not comment
GEORGE: "Pimples aren't a health problem. They are just ugly, but they don't affect your health! They just make you feel bad if you have them."	"Feeling bad about yourself"	In writing "feeling bad about yourself" the teacher accepts the part of the contribution that is a health problem and teaches silently that mental health issues are "health" issues, too, but doesn't stop the flow of the brainstorming session by pointing it out. She also doesn't let the brainstorming lose its momentum by responding to George's criticism of Jean's contribution.
ANN: "V.D." (The class laughs, and one boy calls out, "Oh, Ann, who you been hanging out with?")	"V.D. or S.T.D."	Teacher accepts Ann's term "V.D.," although she has already taught that "V.D." has been replaced by "S.T.D.," for sexually transmitted diseases. She again silently reminds the class of this but accepts Ann's contribution without stopping the flow of the brainstorming. By taking Ann's contribution seriously, she sends a signal to the boy and the rest of the class that it <u>is</u> serious.
TEACHER: "Let's remember our brainstorming rules. Everybody should have the opportunity to contribute without comment or judgment from others."		Teacher interjects to remind students about the rules, but does not put down the commenter in a hurtful way.

STUDENT AND TEACHER STATEMENTS	TEACHER WRITES	INTEPRETATION
GORDON: "I don't know if this is one or not. Well, maybe it isn't." (Gordon looks confused.)		
TEACHER: "Go ahead, Gordon. What were you thinking of?"		
GORDON: "Well, cancer, but it happens mostly to older people."	"Cancer"	Teacher encourages Gordon's participation, and acknowledges his contribution by writing "cancer" on the board, but she does NOT say anything that evaluates the contribution. No contribution should be singled out for praise, for it would put down others who gave answers that were not praised, and perhaps discourage others from participating.
JUDY: "This is a dumb list. There are a lot more things than this."		
TEACHER: "Let's get a few more things up here. Keep thinking. What do teenagers write to Ann Landers about?"		Teacher does not comment on Judy's negative remarks but turns it into a positive admonition, thus demonstrating to Judy how she can turn her statement into a positive contribution but not putting her down.

STUDENT AND TEACHER STATEMENTS	TEACHER WRITES	INTEPRETATION
JOHN: "Well, there's dandruff--it looks awful and it itches a lot too."	"Dandruff"	Again, the teacher teaches silently, without stopping the flow.
GERRY: "Well, what about breaking your leg skiing. Is that a health problem?"	"Broken bones"	
TODD: "I read about a kid who did the Heimlich maneuver on a guy who staggered out of a restaurant at the Mall--he was all red."	"Choking"	Todd obviously meant "choking," though he did not actually say the word. The teacher accepts his contribution and helps him out by supplying the word he meant.
PAUL: "Fatsos--yeah--pigging out. I know someone who really has that problem."	"Overeating"	The teacher accepts the concept but upgrades the word to an acceptable one instead of writing a derogatory term.
TEACHER: "Thank you. That is a good list of some of the physical and emotional health problems that teenagers face."		

A PROBLEMATIC BRAINSTORMING SESSION

TASK: To generate a list of some of the physical and emotional problems that teenagers face.

STUDENT AND TEACHER STATEMENTS	TEACHER WRITES	INTEPRETATION
JEAN: "Pimples"	"Pimples"	
ANN: "V.D." (The class laughs, and one boy calls out, "Oh Ann, who you been hanging out with?")		
TEACHER: "That's not called V.D. anymore, Ann. The appropriate term is, as I have told you a number of times, STD--sexually transmitted diseases. You really should try to remember it. If you listened more carefully in class, instead of making faces in response to Fred's rude, uncalled for remark, you might remember what you are supposed to be learning in health this year."	"STD"	Teacher should not stop flow in the brainstorming session by doing direct verbal teaching. She can make a mental note of it, and talk about the more current term at another time if she feels it needs general reinforcement. With this strategy she puts down both Ann and Fred. This does not motivate better behavior on their part.
TEACHER: "We're not getting very far, are we? Can you try harder and give me some other teenage health concerns?"		This remark might be misjudging the situation. It takes some time for students to get into the swing of a technique of this type, and teachers must be supportive instead of condemning to promote participation.

STUDENT AND TEACHER STATEMENTS	TEACHER WRITES	INTEPRETATION
GORDON: "I don't know if this is one or not. Well, maybe it isn't."		
TEACHER: "Well, Gordon, we're waiting. Do you have one or not?"		This remark exhibits impatience, and it discourages participation by Gordon and others in the class.
GORDON: "Well, cancer, but it happens mostly to older people."		
TEACHER: "Of course it happens to teen-agers too, Gordon. You know that. What kind of cancer happens to teenagers?"	(Teacher does not write anything.)	In a brainstorming session it is not necessary to clarify contributions. Accept them and go on. They can be classified at a later time if necessary. By not acknowledging Gordon's contribution of "cancer," although he did not clarify his contribution to the teacher's liking, the teacher discourages risk taking on the part of the rest of the students as well and also affects Gordon's self-esteem negatively.
GORDON: "I don't know, I shouldn't have said anything."		

STUDENT AND TEACHER STATEMENTS	TEACHER WRITES	INTERPRETATION
TEACHER: "Try to do some good thinking, now, and make this list more respectable. Well? You must know more than than the two things we have listed. Somebody give me a really good suggestion for the list....Well, I'm waiting."		The teacher's judgment of excellence for John's remark discourages more tentative contributions. Refrain from positive or negative judgment in brainstorms.
JOHN: "There's dandruff."	"Dandruff"	
TEACHER: "Excellent, John."		

9:45-10:15 Dealing with Sensitive Issues in the Classroom

It is important that teachers who will deal with health issues in the classroom think through in advance where particularly sensitive issues might arise, and how they will handle them if they do. There is no way to anticipate exactly what might happen in any given situation, but awareness is the first step in devising general strategies to deal with potentially problematic situations.

Workshop participants have read the following handout before the session. They have also gone through the vignettes at the end and used the space in the right column to note how they would handle the situation.

Take the first 15 minutes to debrief the vignettes with the participants. You might ask for some alternative ways to handle each situation--and discuss issues as they surface. Use the guidelines in the handout to evaluate the alternatives suggested.

After the debriefing period, ask participants to anticipate any sensitive issues that might arise with their students, given the special situations that might exist in their classes. They might ask themselves some of the following questions:

- Are there students with special problems?
- Are there particular family situations that you know of where a child might need some extra support? What kind of support?
- Who in the school community or in agencies outside the school might help if problems should surface?

DEALING WITH SENSITIVE ISSUES IN THE CLASSROOM

In a course in health education it is possible that issues of personal sensitivity may arise--issues having to do with the students themselves or their families. It is important that a teacher not be caught unaware by these issues, but be prepared to deal with them. There are no absolute "right" ways of dealing with them, but with some forethought and some practice teachers can learn to avoid pitfalls and cope with the situations positively.

Several of the THTM modules deal with families--Communicating in Families and Promoting Health in Families most explictly. Each family generates its own style of interacting and doing things that makes sense to it within its own context. As a result, there is no more controversial issue than the way that "things are done in my house." It is not the intent of these materials in any way to pry into, solicit information about, evaluate, or comment upon the families of students in the class. Sometimes student remarks indicate that there is a real problem in need of outside help. In these cases you can play an especially important role by suggesting resources for appropriate assistance.

Issues surrounding the changes adolescents are experiencing are frequently addressed in the THTM materials. In particular, Understanding Growth and Development deals with these issues directly, but they are also sure to arise in discussions about peer relationships in Having Friends, or about emotions in Living with Feelings.

Because adolescents are preoccupied with appearance, any judgmental statements about how another person "looks" should be avoided. These issues can involve: obesity, development of secondary sex characteristics, birthmarks, excessive thinness, acne, height, disfigurement, hair type, physical disability, etc. In dealing with these issues, and others, such as depression and loneliness, it is important that the teacher does not allow the students to appear to "blame" the victim. If physical or emotional problems are discussed only in terms of personal responsibility, students with those problems will sense the disapproval and even scorn for their situation, suffer lowered self-esteem as a result of it, and fail to make any available constructive changes. Fostering a spirit of tolerance for differences and a sense of caring for others in supportive ways is important for people in this age group to make them better able to act on behalf of themselves to promote their own health and well-being.

We offer these guidelines to help you deal with sensitive issues in the classroom:

Positive Tone, Spirit and Style

Classroom discussion cannot be absolutely controlled, but you can establish the tone, spirit, and style in which issues are approached. Do you present a positive view of human nature, or a feeling that human beings are basically faulty and inclined toward wrong action? Do you present an air of suspended judgment, indicating that most often "all the data is not in," and that there may be things that are unknown but important that impinge upon a situation, or do you rush to judgment? Are you generally optimistic about the future, indicating that things get better when people work on them, or depressed when thinking about the future, indicating that it probably is on a down-hill course? These and other attitudes are transmitted to students by tone of voice, pacing (breathless, hurried, and pushing, or reasonable and patient), body language, ability to laugh at oneself, facial expression, and sensitive treatment of others.

Problem-Solving Atmosphere

It is a good idea to establish and promote an air of problem solving in the classroom. When statements are made, it is better not to comment on them in ways that solidify a position but to turn them into a statement of a problem to be solved, which if considered collectively, can be solved. For example, in a discussion someone might say, "Alcoholics are terrible. They always abuse their families--especially their children." If not commented upon, a statement like this is implicitly verified. If agreed with, students in the classroom affected by this or a related problem may feel defeated and alone. Instead of being helped to devise positive alternatives to a difficult situation, they are left with feelings of guilt, anger, and confusion. To turn a potentially negative experience into a constructive one, teachers can establish a problem-solving atmosphere, saying, for instance: "Sometimes alcoholics do engage in abusive behavior. This kind of abuse often stems from the problems that contribute to their illness and addiction. What are some of the things a family or a child might do to deal with the situation? Let's brainstorm some alternative behaviors or actions that might help the alcoholic and keep family members safe."

Role-Modeling Respectful Behavior

Teachers can be important role models of tolerant, polite behavior. If you set an atmosphere of mutual respect, give students the benefit of the doubt, allow time for explanation of points of view or behavior, and indicate that each individual is valued as a human being, students generally begin to respond with the same behavior. Setting limits which protect everyone's right to be heard and respected is another important manifestation of respectful behavior.

Dealing with Issues Directly, Not Ducking Them

If you show embarrassment and discomfort when a sensitive issue comes up in class discussion, that feeling transmits itself quickly to the class and especially to any students particularly affected by the issue. Talk about the issue calmly but directly, providing as much information as you can. Affirm what you can of the contribution, so that the contributor does not feel totally put down. If you cannot affirm any of it, you can say something like, "You must have had experiences to make you feel as you do, but let's examine the issue a bit more, and see whether there are different ways of looking at the situation." If part of the statement can be affirmed, but another part must be discounted, add perspective by stating another point of view clearly, directly, and in a way that does not put down the student who brought up the issue, but makes any potential "victim" of the statement more comfortable. Remember, if you heard what was said, others did too, so it must be dealt with.

Letting Parents Know What Is Going On

It is important that you keep in communication with parents about what is going on in your classroom so that they understand your objectives and respond to them. Interact with parents in any way you can promote their confidence in you. You can do this in several ways:

- Have an evening meeting with parents to describe your health program and its objectives.
- Write a note of explanation to parents at the top of an assignment sheet to explain what you are doing.
- Write a short newsletter to parents in which you describe what you are doing and either mail it to parents or have it taken home by the students.
- Talk to the PTA or other parents' organizations in your school, and suggest they sponsor an evening meeting where you and/or the students can make a presentation of your program.

ONE WAY TO HANDLE IT...

Here are a series of vignettes of classroom situations that might occur. How would you handle them?

Vignette:	One Way to Handle It Might Be:
Sample Vignette: A discussion is going on about food and diet. Bill Pines says, "Fat people are out of control. They could just stop eating if they wanted to. I have no sympathy. It's not a real problem." While he is talking you notice that Jenny, in the back of the room, has her head down and doesn't look up. She is terribly uncomfortable.	You can respond by saying, "Yes, Bill, overeating is one reason for overweight." Bill is then rewarded for the part of his statement that can be supported. But the teacher should then try to broaden the perspective and take it beyond a personal judgment by adding, "But there is still a great deal we do not know about obesity as a health problem. Research on this issue indicates that there are other factors that may be beyond personal control like genetic inheritance, feeding patterns in infancy, hormonal interaction, and others. More research information is needed to help people who have this problem deal with it more effectively. It is a painful problem, and people who deal with it daily need our support."
Vignette 1: In a class discussion on alcohol use the teacher overhears Andrea say to her friend, Joan, "I wish my father wasn't drunk all the time. He's a sloppy mess and I'm sick of it." A few other students have heard her remark as well, and are giggling.	

Vignette: One Way to Handle It Might Be:

Vignette 2:

You want to give an assignment on what the students had to eat the day before at breakfast, lunch, and dinner to help them analyze their food intake. How can you frame the assignment in such a way that some of the economically disadvantaged students in the class, and those with different ethnic backgrounds, are not embarrassed by truthful answers? How can you arrange to debrief the assignment so that individuals are protected from the judgment of others?

Vignette 3:

You are going to be talking about "maturing" in a class on male and female changes in puberty. How can you structure the situation so that parents will understand that you will be focusing on "puberty," not on wide-ranging sexual issues?

10:15-10:30 Exercise and Nutrition Break

See pages 33-34 for suggestions.

10:30-11:30 Practice in Another Teaching Strategy

Turn back to today's 8:45 session, pages 41-58, and choose another activity (or activities) to practice.

11:30-12:30 Assessing Student Learning in the Classroom

Assessing student learning in the classroom is a large and complicated subject. In the next hour you and the participants in your workshop will only begin to engage in some of the general issues around student assessment and some of the particular assessment issues that may arise when using the Teenage Health Teaching Modules.

The handout entitled "Assessing Student Learning in the Classroom," which participants have read as homework, is divided into three parts: Background, Activity, and Discussion. Depending on the size and makeup of the group, and how your time is running, you may want either to subdivide into three smaller groups or ask individuals or pairs to go through this activity on their own. If you divide into groups, ask each group to select a spokesperson to represent the group during the follow-up presentation. If you work independently or in pairs, ask everyone to be prepared to share key issues and questions during the last 20 minutes of the session.

Part I: Background (5 minutes)

Ask everyone to take the handout (have extra copies available for anyone who has forgotten it) and to reread the Background section quickly. Allow five minutes before going on to the activity section.

Part II: Activity (30 minutes)

The directions for the activity are printed in the handout. After the group is organized, read the directions out loud and answer any questions. Since the main purpose of the activity is to begin thinking about a variety of approaches to student assessment and to discover some potential difficulties and possibly some new strategies, tell participants not to be overly concerned with details at this point; in other words, the assessment questions or instructions they write do not have to be letter-perfect.

Instead, ask them to concentrate on the process and to look for strengths and weaknesses in the methods they are using. Whether they have completed

the entire activity or not at the end of the 30 minutes, they should have a list of issues, questions, and suggestions to share with everyone.

Part III: Brief Presentation and Discussion (25 minutes)

If the group has been subdivided, give a representative of each of the three subgroups, three minutes or less to summarize the group's activity and share issues, questions, and suggestions. If individuals or pairs have each done the activity, call on three individuals to perform this function.

As issues and questions are raised, keep track of them on newsprint mounted where it can be seen by everyone, on a chalkboard, or on a transparency. Once all three presentations are over, open the subject to general discussion. Your role will be to act as facilitator, to keep the discussion focused on the issues generated and/or new and relevant topics, and to provide a brief summary at the end.

- Look at other people in the group, not just the speaker; this signals that all listeners are included in the conversation.

- Wait for others to respond, even when it seems to take some time.

- Participate in the activity, as a member of a group, a pair, or on your own, and share your responses briefly as the others have done, or reinforce what your group representative has offered.

- Avoid filling in when there is silence. Intervene only when you think it is absolutely necessary to:

  - Clarify or request clarification. (You can help group members do this, too. "Did you understand that? Well, ask Randy to explain it again, then.")

  - Point out alternatives that the group has not yet considered.

  - Add your own ideas.

  - Suggest (or ask a participant to suggest) ways of using the information.

  - Point out inconsistencies or contradictions in views expressed, but with sensitivity and good timing.

- Keep track of how the discussion is going. Encourage group members to focus on the task at hand, to take responsibility for moving things along, to react to points made by others, and to elicit comments from quiet participants.

Allow only two or three minutes for a summary, just long enough to recap the major points. Participants next have lunch, during which they can continue the discussion. It is best not to put too much closure on a subject like this that needs constant thought and questioning.

ASSESSING STUDENT LEARNING IN THE CLASSROOM

Dear THTM Workshop Participant:

Please read through this handout in preparation for tomorrow's session on assessing student learning in the classroom.

Part I: Some of the Challenges and Some of the Resources

Evaluating student learning is a complicated undertaking and, for the most part, we have more questions about evaluation than solutions: Does factual recall signify knowledge or rote memorization? Is accuracy on a true/false question a matter of probability or understanding?

THTM's focus on the complex social, emotional, and cognitive components of health and the curriculum's use of a wide range of teaching and learning strategies further complicates evaluation issues: How does a teacher assess affective as well as cognitive growth? If students take part in a role play about friendships, how does a teacher evaluate what they have learned?

Before you begin tomorrow's activity (or before using the modules with your students), we recommend that you:

- Review the methods you have used in the past for evaluating student learning. After all, you already have a great deal of expertise in evaluating students and may find some of your techniques will be applicable.

- Spend time during the workshop and when you return to your work site talking with colleagues about assessment issues and techniques that can be used both inside and outside of the classroom.

- Skim through the modules to see what assessment tools are available. You will find true/false questionnaires, sentence completions, post-tests and others forms of traditional methods for evaluating student learning.

- Look through the modules with an eye toward identifying activities not originally designed for student assessment but adaptable for these purposes. For example, consider developing assessment questions from the module objectives (as you will be doing in the upcoming activity), converting a "fact sheet" into a series of evaluation questions, or using self-assessment activities as a basis for helping students evaluate their own growth and learning.

Above all, recognize that there are no foolproof evaluation strategies for THTM or any other curricula. As tomorrow's activity will demonstrate, the issues involved in assessment are immense. It is important to continue to identify these issues, raise questions, and modify your assessment strategies so that they are in the best interests of student learning.

Part II: Beginning to Think About Student Assessment

In this activity you will have an opportunity to work alone or collaborate with other workshop participants in the development of a measure to assess student learning from a Teenage Health Teaching Module. Since module users have found affective learning the most difficult to assess, we ask that you take the goals from the module Living with Feelings (below) and list at least five specific methods you might use to determine whether students had grasped them. (To get some initial ideas, think back to the background material presented in Part I.)

Goals of Living with Feelings

This module will:

- Help students understand that feelings are a natural part of our lives.
- Promote the idea that emotional and physical health are interrelated.
- Reinforce the theme that family and friends can help with troubled feelings.
- Help students distinguish between constructive and destructive ways of behaving in response to their feelings.
- Expose students to various coping strategies that can help them to manage their behavior in times of intense feeling.
- Help students develop listening and communication skills as an effective strategy for helping others sort out feelings.
- Enable students to transfer knowledge of coping skills to others.
- Promote the idea that understanding feelings contributes to a sense of well-being with self-acceptance.

Choose the one approach that seems most interesting, reliable, innovative, problematic, or fun (you or your group choose and be prepared to explain the criterion), and begin to create the assessment measure you would use with students in your classroom: write up the instructions you would give to students, and write out some of the specific questions and the method of grading. As you do this have someone in your group note the weaknesses and strengths of the method you have chosen (or do it yourself if you are working alone). You will have 20 minutes for this part of the activity, so keep a careful watch of the time. Since the goal of the activity is to raise questions and issues about assessment, concentrate on the process, rather than worrying a great deal about creating the perfect instrument.

During the 25-minute discussion period that follows, three individuals or three group representatives will have an opportunity to give brief summaries of the exercise and list the issues that emerged. Many of these issues will be ones you have struggled with and perhaps worked through in your own teaching. Others may be new and more particularly related to the content and/or approach of THTM. In either case, use this activity and the follow-up discussion to clarify some of your own values and assumptions about student assessment and to begin to think about how you are going to deal with evaluating students as you begin to implement some or all of the program.

Use space below to keep track of the issues that come up for you during the activity, and then to record your thoughts and the thinking of the group during the follow-up discussion.

12:30-1:30 Lunch

See page __ for suggestions.

1:30-2:30 New Program Implementation: What Does It Take?

To implement a new program effectively, workshop participants need the support of people in their school and community. In this session you can help participants plan for a successful implementation of the program. It is a useful exercise for all participants to go through the process of orderly implementation whether they are there as single representatives from a district or as part of a team that will share implementation responsibilities in a district.

In considering the process of sound implementation, participants should think about the individuals and groups to be informed of the program and involved in its use. For the first half of the session they will identify individuals, groups, policies, or situations that could either help or hinder their implementation efforts. They will then meet in small groups to take the first steps in establishing implementation plans for their own schools or districts. Before the session, you should choose which discussion activity to use, "Job-Alike Groups" or "School District Groups," based on the makeup of your particular workshop.

Helps and Hindrances

Put the analysis categories on the board, and write the goal across the board.

GOAL: To implement the THTM program successfully in my school district.

HELPING FORCES: HINDERING FORCES: STRATEGIES:

Ask the participants to brainstorm the "Helping Forces" in their schools and communities that might help them implement the program effectively. (Observe the rules of brainstorming. If any participants were not in a brainstorming strategy session, you may want to review the guidelines briefly.) Among their suggestions should be the people, groups, or situations in the following list.

- School board members
- Curriculum supervisors
- Building administrators

- The school doctor, nurse, and psychologist
- Parents' group or groups
- Any community personnel who might be helpful in providing information, being guest speakers, giving students opportunities for nonschool health-related activities, etc. They might include: doctors, hospital outreach workers, environmental agency workers, workers in voluntary health organizations, etc.
- Local clergymen who would like to know of a school program of this kind
- The local press, radio or television stations, or other media that might be in a position to support the program
- Editors of a system-wide newsletter or school newspaper that carries news of additions to the curriculum
- Scheduling
- District requirements
- Availability of appropriate space

After all contributions are in on the first column, move quickly to the second column, "Hindering Forces," and brainstorm a list of forces that might impede a sound implementation of the program.

Review the ideas in column 2. How can the helping forces from column 1 be used to develop strategies to counter the hindering forces? Record the "Strategies" in column 3. The group may need an example to get them started. For example, a hindering force in column 2 might be that the school board does not like new programs that are not considered basic skills. But you consider health as basic and want to include it in your program. How can you convince the board? If someone has listed "superintendent" in column 1 as a helping force, you can devise as a strategy for column 3, "getting the superintendent to present the new program to the board," using both committee teachers (teachers might appear in column 1) and "parents" (who should turn up in column 1, too, as a helping force). With this presentation from significant people the board should be more likely to listen and give positive support.

Completion of this activity will give the group, as a whole, a basis on which it can begin to consider more issues for their own implementation of the program.

Job-Alike Group Discussions

Divide the group into three subgroups: teachers, central office administrators, and principals (or whatever categories are appropriate for your workshop). Each group has a somewhat different part to play in the implementation process, and participants can benefit from discussing implemen-

tation perspectives with those who share similar responsibilities. This activity can help job-alike participants to review how things work in their districts and anticipate problems that might be forestalled with pre-planning and input from others.

Ask for a volunteer in each group to be the discussion leader. Give each leader a copy of the "Job-Alike Questions," page 73, formulated for that group. The aim of the discussion is to air issues, not to come up with firm conclusions. It is hoped that with sharing there can be a broadening of perspective and identification of alternatives.

School District Group Discussions

Have each school district convene as a group to consider the "School District Planning Sheet," page 74. Ask them to begin to work on it together. If they cannot complete it in the time allowed, they might continue to work on it as they drive home. Before they leave the workshop, they should plan a time to reconvene in their school district to complete the planning. The group can choose a member to keep a sheet, but group members should also have their own sheets, to refer to and to make notes on.

Participants who are sole representatives from a district can work alone (in this case, spend some time with each one to help stimulate ideas) or meet as a group and share their implementation strategies for their own districts. Alternatively, if there are several sole representatives, they might want to meet in job-alike groups.

Conclusion

At the end of the planning session bring the group together for five minutes to distribute copies of the "Helps and Hindrances" sheet, page 75. Suggest that participants complete them for their own particular assignment or activity in the implementation process. It reinforces the learning experience, and also gives participants the opportunity to apply the model to their own segment of the implementation scheme.

Implementation

Participants may need help in checking on the progress of their implementation plan. Distribute the "THTM Implementation Checklist," page 76, and ask them to use it about a month after the end of the workshop. Also ask them to make a copy for you and return it with the other materials discussed later under "Follow'up," so you will know how they are doing.

JOB-ALIKE QUESTIONS

Central Office Administrators

- What excites you most about the THTM program?
- Do you anticipate any problems in the introduction and implementation of this program?
- How can you provide special support so that the program becomes a vital part of your health education system?
- How can you build school board and parent support for the program?
- What special situations do group members have or anticipate having that they would like to discuss?

Principals

- What excites you most about the THTM program?
- How will you determine who will teach THTM? What criteria will you use for selection?
- How can you support your teachers to help assure successful implementation of the program?
- How can you build the support of other school staff for the program?
- Are there any special problems that you foresee?
- Are there any other issues the group would like to consider?

Teachers

- What excites you most about the THTM program?
- Do you anticipate any problems in introducing and implementing the curriculum?
- How can you gain the help of your administrators in implementing the program?
- How will you communicate with parents about the new program?
- Are there any other teaching-related issues you would like to have the group consider?

SCHOOL DISTRICT PLANNING SHEET

What is the health education program in your district (grades 7-12) now?

What is taught?	By which subject area teacher?	In which grades?

How much of the THTM program do you plan to implement?

Module Title	Subject Area	Grade Level	Teacher	School Year	Community Resources

How can you encourage teachers in other subject matter areas to teach one or more modules?

Who can help you to find the resources (personnel, funding, community helpers) that you need for successful implementation?

HELPS AND HINDRANCES

GOAL:

HELPING FORCES:	HINDERING FORCES:	STRATEGIES:

THTM IMPLEMENTATION CHECKLIST

Date _____

Team _____

School _____

Since arriving home, we have:

☐ 1. Talked with the Superintendent.

☐ 2. Made a presentation to other teachers in our department.

☐ to the Administration. ☐ to the Board.

☐ 3. Arranged for a press release.

☐ 4. Described program at a ☐ PTA meeting. ☐ faculty meeting.

☐ 5. Team met to plan for the actual teaching of the modules.

☐ 6. Arranged for other resources needed.

☐ 7. Contacted appropriate local health agencies, medical associations voluntary groups, etc.

☐ 8. Began/will begin teaching modules by_____.

☐ 9. Planned awareness sessions for other teachers, principals, and nurses to take place by _____.

☐ 10. Planned for implementation training/dissemination in the school district by _____.

☐ 11. Enjoyed the chance to be a culture changer.

Developed by Mr. Harold Wilson, Adams District 12, Colorado, 1982.

2:30-3:00 Check-In Time: Where Do We Go from Here?

After participants have considered implementation issues and devised specific implementation plans, they will be eager to get started. Now is an ideal time to pass out order forms and/or make materials you have brought to the workshop available for purchase.

If participants are planning to order, tell them that it will be several weeks before they receive their shipment. Make a point of going over the order form, noting the difference between "administrator" and "teacher" sets and underscoring that all orders less than $25.00 must be prepaid.

Even if participants do not want to order at this time, or cannot order without administrative authorization, it is a good idea to go over the order form and to answer any questions they have so they can order more easily in the future. Potential buyers should also feel free to call the EDC/THTM number at the bottom of the price list/order form if they have questions at a later time.

After ordering matters have been settled, encourage participants to share any questions or concerns about what has happened in the workshop or what they anticipate when they return to their school systems. Remind participants that the workshop is winding down and that you would like everyone to leave with their questions answered and with enough information to implement the modules effectively, enthusiastically, and with confidence.

3:00-3:15 Exercise and Nutrition Break

See pages 33-34 for suggestions.

3:15-4:00 Workshop Review

Reviewing the workshop is important for both participants and trainers.

- Thoughtful reflection on the training helps participants pull together what they have learned and think about possible next steps. It gives them an opportunity to think about what they have learned and how they might make use of the experience in the future.
- Thoughtful feedback helps trainers make changes to improve the quality of subsequent training experiences. We want to know if the workshop met their needs and how we can make it even better next time.

Begin the review session by stressing these two goals. Point out that the review form is relatively brief and can be filled out quickly, but that you hope participants will use the time set aside to look back on the workshop.

examining their prior hopes, biases, and expectations, to review the experiences of the last two days, and to begin to think about future goals and plans.

Generally, participants feel more free to share their ideas when their responses are anonymous. Be sure to state whether you are asking for participants to identify themselves or not. (If you forget, someone will almost certainly bring this point up!) Explain what will happen to the completed forms: who will read them, and whether or not they will be kept. And be sure to stress that it is the workshop, not the participants, that is being evaluated.

To minimize distractions, ask participants to remain seated during the session. Suggest that those who finish early use the remaining time to:

- Review Health Is Basic and/or other materials in their Introductory Packets.
- Make decisions about which module(s) they would like to use.
- Jot down any last-minute questions or concerns they would like to bring up in the final session that follows.

Wait until the end of the session to collect all the forms at once to be sure you get them all.

Following are two sample evaluation forms that you may want to use or adapt. Form A is brief and contains a series of open-ended questions. Form B is more detailed and combines open-ended and easy-to-tally multiple choice questions.

(Form A)

TNTM WORKSHOP REVIEW SHEET

1. The single most helpful part of the workshop was _____
_____
_____.

2. The least useful part for me was _____
_____
_____.

3. The main new things I learned were _____
_____
_____.

4. My thinking changed most with regard to _____
_____
_____.

5. I feel I need to know more about _____
_____
_____.

6. My best guess is that students using the modules will _____
_____
_____.

7. My initial view concerning the program was _____
_____
_____.

8. My present view concerning the program is _____
_____
_____.

9. I believe our community's view of the program and/or individual modules will be _____
_____
_____.

10. As a direct result of my participation in this workshop I plan to _____
_____
_____.

11. If you are planning similar training workshops I suggest that you _____
_____
_____
_____.

(Please feel free to use the back of this sheet for additional comments or reactions.)

(Form B)

THTM WORKSHOP REVIEW SHEET

The single most helpful part of the workshop was _____
_____
_____.

The least useful part of the workshop was _____
_____
_____.

In general, as an orientation to the framework and philosophy of the Teenage Health Teaching Modules program, the workshop was:

_____ very effective _____ effective _____ adequate _____ inadequate

Explain: _____
_____
_____.

As an orientation and introduction to the Teenage Health Teaching modules the workshop was

_____ very helpful _____ helpful _____ not helpful

Explain: _____
_____
_____.

As a result of the workshop I am

_____ excited about using the materials and/or having this program in my school/system.

_____ uncertain about using the materials and/or having this program in my school/system.

_____ uninterested in using the materials and/or having this program in my school/system.

_____ apprehensive about using the materials and/or having this program in my school system.

Explain: _____
_____
_____.

As a result of the workshop, I feel

_____ I have enough information to participate in the program.

_____ I have more information than I need to participate in the program.

_____ I still lack information that I need to participate comfortably and confidently in the program.

Explain: _____
_____
_____.

As I anticipate using these materials in my classroom (or in the system) the major problem(s) or constraints seem to be _____
_____
_____.

What seems easiest about using this material in my classroom (or in my system) is _____
_____
_____.

Reflecting on the format of the workshop, I found the pace
_____ just about right _____ too fast _____ too slow

Explain: I would have liked more time on _____.
I could have used less time on _____.

The length of the workshop was
_____ well-matched to my needs _____ too long _____ too short

Some people have suggested that future orientation sessions be condensed into one day. Would you feel confident using these modules having had a one-day introduction?

_____ yes, one day would have been very sufficient.
_____ no, I think one day would not be enough of an introduction.
_____ other comments on workshop length.

Explain: _____
_____
_____.

Workshop activities were

_____ appropriately varied (a good mix of talking and doing)
_____ not varied enough
_____ too varied (somewhat disjointed)

If I could change anything about the workshop I would _____
_____
_____.

4:00-4:15 Wrap-Up

When participants leave the workshop, they should have a clear idea of where they have been and where they are going. They should know what, if anything, is expected of them after the training (for example, an agreement to teach one or more modules, an understanding that they will work with others in their school or district to implement the program). If you or someone else will be writing a follow-up letter or making a follow-up visit, participants should know about it. (See pages 85-86 for suggestions for follow-up strategies.)

In the final 15 minutes before adjournment, briefly review what the workshop has covered and allow for any last-minute questions or comments. If there are more questions than you can answer in the time allotted, consider offering to remain after the workshop and/or giving participants an address or phone number where you or others can be reached later. Encourage workshop participants to use each other as resources. One way to facilitate ongoing interactions is to provide everyone with a list of the names and addresses of workshop participants. Such a list can be included in the Introductory Packet, but it is probably most effective if it is distributed at this time or mailed later.

After thanking everyone for taking part in the training, end the workshop by reiterating your enthusiasm for the program, your support of potential users, and your hope that others share your interest and excitement in bringing these health materials into their districts, schools or classrooms.

4:15 Adjournment

Good bye and good luck!

If You Have More or Less Time

Although we recommend a two-day workshop, you may have more or less time.

If you have more time, consider dividing participants into small teams and assigning each team an activity from a different module to prepare and teach to everyone. This team teaching activity has the dual advantage of getting everyone involved in the preparation and teaching of an activity, familiarizing all participants with the range of activities and teaching strategies included in the curriculum, and exposing participants to the content and procedures of several modules.

The total amount of time that can be allotted to teaching can vary. However, be sure to:

- Allow for preparation time, preferably the day before the teaching is scheduled.
- Limit the teaching time to 30 or 40 minutes to simulate classroom conditions.
- Allow time for debriefing.
- Provide an assortment of materials for the team to use.
- Ask participants to teach each other as adults, rather than having them pretend to be adolescents, to make the activities realistic and engaging.

Other supplementary workshop activities include:

- Planning an evening event, such as a film or keynote speaker.
- Adding one or more sessions around specific substantive health issues of particular interest to your participants, e.g., genetics, the role of local health organizations, and the potential for health organization/ school links.

And remember that the existing agenda is filled with optional activities (practice sessions on teaching strategies) and that each topic can be expanded. Don't worry that you will run out of things to do!

If you have less time, which is more likely the case, you will be looking for ways of abbreviating the agenda. To trainers in that situation, we suggest presenting an overview of the program and the modules, eliminating in-depth sessions on individual modules and the practice sessions on teaching strategies.

If you have to make cuts in the agenda, be sure that you do not exclude:

- A brief program overview.
- A review of all the modules.
- Some discussion of key teaching issues, e.g. the reliance of the curriculum on a number of diverse teaching and learning strategies, the need to anticipate and respond to sensitive issues, and student assessment.
- New program implementation.
- Workshop review and debriefing.

Follow-Up Activities

As the workshop unfolds, you can expect participants to become increasingly enthusiastic about the modules and committed to the program. To maintain and support this enthusiasm and commitment, it is critical to sustain contact after the workshop and, if possible, to offer continued technical assistance. In particular, module users will have ongoing questions about program implementation and evaluation. And teachers will welcome opportunities to share their teaching experiences.

At the end of the workshop tell participants exactly what they can expect from you and others in terms of follow-up contact and activities. Specific suggestions for follow-up include:

- A letter of thanks to participants and encouragement to potential modules users immediately after the workshop. Here, again, it is helpful to review any follow-up commitments you have made or any obligations that participants have agreed to fulfill, such as sending in "Feedback Sheets," planning and running additional in-service meetings.

- Site visits to module users, including agreements to observe and/or participate in the class, to meet with module users individually and/or in groups to discuss teaching and learning issues, or to meet with district and school administrators, teachers and/or parents to talk about the program or more general issues of adolescent health education.

- A reconvening session at which workshop participants come back together to share their experiences and receive additional training.

As they use the materials in their schools or share them with other health educators, encourage workshop participants to give you their reactions along with feedback from colleagues, adolescents, parents, community leaders, etc. To facilitate this communication, pass out Feedback Sheets (below) to workshop participants at the end of the workshop or send them in your follow-up letter.

Finally, if possible, apprise former workshop participants of new trends in adolescent health education, the availability of THTM and other health education materials, and ongoing opportunities for training in a follow-up mailing or newsletter several months after the workshop as new information becomes available. Such a newsletter might also highlight efforts in particular schools and include tips or comments from participating teachers. Former workshop participants will appreciate your effort to keep them informed and will, in turn, be encouraged in their own work with adolescents.

TEENAGE HEALTH TEACHING MODULE PROGRAM
FEEDBACK SHEET

As you use the Teenage Health Teaching Modules or take them into the field to share with others, let us know what happens:

How have you used the THTM materials since the training workshop?

_____

_____

_____

_____

_____

What reactions have you or others had to the materials?

_____

_____

_____

_____

_____

What suggestions do you or others have for additional training or technical assistance in the field of adolescent health education?

_____

_____

_____

_____

_____

Please send responses to these questions along with other comments to:

One Final Note

Staff members at Education Development Center and the Centers for Disease Control are very interested to know how your workshop went and how the modules are being received in communities throughout the nation. When you can, drop us a line. Or call if we can be of any assistance:

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Center for Health Promotion and Education
Centers for Disease Control
Atlanta, Georgia 30333
(404) 329-2829 or 2830

Education Development Center, Inc.
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GOOD LUCK!

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March 1985

TEENAGE HEALTH TEACHING MODULES

PROJECT DESCRIPTION

The Teenage Health Teaching Modules (THTM) Program is a comprehensive health education curriculum for junior and senior high school students. It is designed to provide adolescents with knowledge, skills, and understandings that will enable them to act on behalf of themselves and others in ways that are health-enhancing--with respect both to their immediate health needs and to the long-term consequences of behaviors that they may try and/or establish during the adolescent years.

Education Development Center, Inc., (EDC) developed the program in cooperation with the Center for Health Promotion and Education (CHPE), Centers for Disease Control (CDC), Public Health Service, Department of Health and Human Services under contract number 200-79-0922. Since its inception, the THTM program has had a commitment to building collaborations among individuals, agencies, and institutions active in the field of health education. An Advisory Group included persons distinguished in the fields of school health education, medicine, adolescent development, community organization, parent involvement, and school administration and provided substantive guidance to the work. Technical expertise was also provided by CDC and other Federal Agencies.

Early work included reviews of current research on adolescent development and existing health education materials to identify programs available for inclusion in the modules and to determine content areas in need of new development, and outreach to build a national network of individuals, agencies, and institutions to encourage their involvement in the developmental and information dissemination process. Subsequently 16 prototype modules were developed and 8 of these modules were field tested in 9 States, 2-day training workshops were held in 5 of the field test sites, and formative evaluation information accumulated.

SP026468

Program Components

The THTM program consists of 16 teaching modules and A Teacher Training Guide. Each module provides 4 to 15 hours of instruction on a designated topic and some include student materials, such as information sheets, posters, educational games, and student booklets.

Use of all the modules can constitute an introductory survey course on health; or separately, modules can be selected to supplement health education already in use. Activities are designed to be implemented by teachers from a variety of subject areas, such as health, home economics, social studies, science, language arts, physical education, etc.

Health Tasks

Psychologists have identified a number of developmental tasks adolescents in our culture confront as they move through this period of rapid and varied physical, cognitive, and psycho-social development to adulthood. In an effort to combine the principles of developmental theory with behaviors thought to be health-promoting, THTM developed the concept of health tasks - the physical, mental, emotional, and social tasks adolescents need to resolve in order to develop to their full health potential. Sixteen critical health tasks were identified and a module developed to focus on each. In addition to addressing the special concerns of adolescence, the modules also involve students in exploration of the traditional health content areas generally recommended for comprehensive school health education programs. While each module focuses on a specific adolescent health task and includes explanations of priority health content areas, all modules are carefully constructed to develop skills in five basic areas: 1) self-assessment, 2) communication, 3) decision making, 4) health self-management, and 5) health advocacy. The following charts provide insight into the tasks, module titles and content, and traditional health education content areas included in each module.

TRADITIONAL PRIORITY HEALTH CONTENT AREAS

Health Task Module Title	Personal Health	Mental & Emotional Health	Prevention & Control of Disease	Nutrition	Substance Use & Abuse	Accident Prevention & Safety	Community Health	Consumer Health	Environmental Health	Family Life Education
Health Is Basic: An Introduction to THTM	X	X	X	X	X	X	X	X	X	X
Understanding Growth and Development	X	X	X	X	X					X
Being Fit	X	X		X						
Eating Well	X	X	X	X				X		
Communicating in Families	X	X								
Promoting Health in Families	X	X	X		X					X
Having Friends	X	X			X					
Living With Feelings	X	X			X	X				X
Handling Stress	X	X	X		X	X				
Protecting Oneself & Others - Smoking, Drinking, and Drugs	X	X				X	X			
Preventing Injuries	X	X					X			
Improving Health & Safety in the Workplace	X	X	X				X	X		
Locating Health Resources	X	X	X	X	X	X	X	X	X	X
Using New Health Research	X	X	X	X	X	X		X		
Acting to Create A Healthy Environment	X	X	X				X		X	
Planning A Healthy Future	X	X	X	X	X	X	X	X	X	X

*State School Health Education Task Force. Recommendations for School Health Education: A Handbook for State Policy Makers. (Education Commission of the States, March 1981)

MODULE TITLE AND BRIEF DESCRIPTION	NUMBER OF ACTIVITIES	RECOMMENDED GRADE LEVELS
Health Is Basic - An Introduction to the THTM Program for Teachers and Students provides a conceptual orientation to the entire program and presents activities teachers can use to introduce the program to students.	3	7-12
Understanding Growth and Development helps students understand the physical, social, emotional, and cognitive changes related to puberty.	6	7, 8, 9, and possibly 10
Being Fit focuses on developing student awareness of the lifetime benefits of physical fitness.	7	7-12
Eating Well acquaints students with current information about sound nutrition and provides guidelines for healthful eating practices.	7-8	9-12
Communicating in Families provides students with an understanding of the dynamics of family life and stresses the importance of developing self-awareness and sensitive communication patterns.	7	7-9
Promoting Health in Families utilizes a life cycle approach to healthy development, highlights the health needs of family members at different life stages, and promotes the idea that family and friends are primary health care givers.	5	9-12
Having Friends explores the meaning of friendship in the lives of adolescents, with emphasis on the role that friends can play in healthy development.	15-20	7-12
Living With Feelings is designed to help adolescents understand emotional development in themselves and others, distinguish between constructive and destructive responses to their emotions, and develop strategies to help manage behavior in times of intense feelings.	10	7-12

Module Title and Brief Description	Number of Activities	Recommended Grade Levels
Handling Stress examines the nature and effects of stress in people's lives and provides a variety of sound stress management techniques.	8	9-12
Protecting Oneself & Others - Smoking, Drinking and Drugs helps students make healthy decisions to enhance their present and future well-being, particularly with respect to cigarette smoking and drug and alcohol use.	13-15	7-12
Preventing Injuries prepares students to respond to injuries and accidents in responsible, health-promoting ways.	4-7	7-12
Improving Health and Safety in the Workplace examines how health and safety conditions in the workplace can affect people's lives and offers guidelines to help students evaluate occupational environments.	5-6	9-12
Locating Health Resources acquaints students with the nature and variety of health services available in most American communities and explains the rights and responsibilities of consumers of health services.	7	9-12
*Using New Health Research provides students with guidelines for evaluating research findings and new health information	10	9-12
Acting to Create a Healthy Environment stresses health advocacy in the area of environmental concerns with particular emphasis on the relationship between health and water and air quality.	7	9-12
Planning a Healthy Future helps students recognize that actions they take in the present can affect their future health and well-being and encourages them to prepare for a long and healthy life.	6	7-12

*Partial funding and extensive technical assistance provided by National Heart, Lung, and Blood Institute, National Institutes of Health.

Materials, Training, Other Services

The THTM and price lists are available from EDC. Single copies for purposes of information and further project development are available from CHPE, CDC. CDC will grant rights to reprint the modules under a government held license. Requests for such rights should be in writing to the Office of School Health and Special Projects, Division of Health Education, as noted below. Teacher training is recommended as an adjunct to use of the modules in schools. General information, showcasing experience, technical assistance, and teacher training competencies are now available from a number of sources. An evaluation package to assist THTM users to assess impacts of the program is being developed and field tested through a cooperative arrangement between DHE, CHPE and the University of Central Arkansas. Also, limited information from the field test of the original modules is available. Further information can be obtained from CDC and/or EDC.

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Continuing Development of Teenage Health Teaching Modules Program

Staff of the Office of School Health and Special Projects will continue work on THTM with emphasis on increasing and enriching the teaching/learning options within the framework and identification of resources available for school districts, teachers, pupils and other organizations seeking to improve health education. This effort will involve national level private sector professional and voluntary organizations and Federal Government Agencies concerned with health education. Periodically, updated information will be made available to THTM implementers, official State health and education agencies, and others involved in the THTM program, or similar type curriculum endeavors.

The School Health and Special Projects Office of the Division of Health Education welcomes suggestions and comments from the field.

Special Note: Because technical content clearance has not been achieved for "Eating Well", CDC does not provide copies of this particular module.

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October 1984

FACTS REGARDING EATING WELL MODULE

TEENAGE HEALTH TEACHING MODULES

We are are pleased you find the Teenage Health Teaching Modules (THTM) of such interest and hope they will prove useful to your program activities. The "facts" on the missing module "Eating Well" are as follows:

- It was developed, field tested, and well received by educators and such local nutrition "experts" as they had involved.
- It did not, however, receive sufficient approval by our Federal government nutrition experts - even after two rewrites.
- We do not, therefore, include it in the set of items that we send out.
- We do have a contract out for a third rewrite, but expect it will be some time before it is ready for release.
- The private contractor with whom we worked on THTM is supplying the field test version of "Eating Well" for those who wish to use it.